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Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
Northern District Of Illinois	<del></del>
Case number (If known):	Chapter you are filing under:  Chapter 7
	☐ Chapter 11 ☐ Chapter 12
	☐ Chapter 13

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Raul First name	Jennifer First name Marie Middle name
		Claudio	Claudio
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2,	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
in a section of the s			
3.	Only the last 4 digits of your Social Security number or Federal	xxx - xx - <u>9</u> <u>5</u> <u>9</u> <u>9</u> OR	xxx - xx - <u>0</u> <u>1</u> <u>9</u> <u>3</u> OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1 Raul Claudio	1	(	Case number (if known)	
Debtor 1 Rauf Glaudie First Name	Middle Name Last Name			
	About Debtor 1:		About Debtor 2 (Spouse C	only in a Joint Case):
4. Any business nam and Employer Identification Num	pers	siness names or EINs.	☑ I have not used any bus	iness names or EINs.
(EIN) you have use the last 8 years	d in  Business name		Business name	
Include trade names a doing business as nan			Business name	
	EIN	_ <del></del>	EIN	
	EIN		EIN	
5. Where you live			If Debtor 2 lives at a diffe	rent address:
	1407 Sherbon Ct. South Number Street		Number Street	
	Minooka City	IL 60447 State ZIP Code	City	State ZIP Code
	GRUNDY		County	
	County  If your mailing address above, fill it in here. Not any notices to you at this	e that the court will send	If Debtor 2's mailing add yours, fill it in here. Note any notices to this mailing	that the court will send
	Number Street		Number Street	
	P.O. Box		P.O. Box	
	City	State ZIP Code	City	State ZIP Code
6. Why you are cho	osina Check one:		Check one:	NA AND AND AND AND AND AND AND AND AND A
this district to file bankruptcy	for S Over the last 180 day	s before filing this petition, strict longer than in any	Over the last 180 days I have lived in this distr other district.	before filing this petition, rict longer than in any
	☐ I have another reason (See 28 U.S.C. § 140	n. Explain. 08.)	☐ I have another reason. (See 28 U.S.C. § 1408	Explain. 3.)
	****			

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btor 1	Raul Claudio First Name Middle Name	Le	st Name			Case number (if known	n)
	, many many	w		ou Coso			
rt 2:	Tell the Court About						
	hapter of the ruptcy Code you	Check one for Bankru	. (For a otcy (Fo	brief description of each, see rm B2010)). Also, go to the t	op of pa	Required by 11 U age 1 and check th	.S.C. § 342(b) for Individuals Filing e appropriate box.
	hoosing to file	☐ Chapte	er 7				
unue	ı	☐ Chapte	er 11				
		☐ Chapt	er 12				
		☑ Chapt	er 13		North Control of the		
How	you will pay the fee	local of yourse submit with a	court for elf, you itting you pre-pr	or more details about how may pay with cash, cash our payment on your behavinted address.	you ma ier's ch alf, you	ay pay. Typicany leck, or money contact attorney may posterior contact this optically and the contact are supported by the contact and the contact are supported by the contact are supported	ion, sign and attach the
		Applie Applie	a <b>to pa</b> cation f	for Individuals to Pay You	r Filing	Fee in Installme	nts (Official Form 103A).
		By lav less t	w, a jud han 15	dge may, but is not require	ed to, v line tha oose th	vaive your ree, a it applies to your is option, you mi	on only if you are filing for Chapter 7.  nd may do so only if your income is family size and you are unable to ust fill out the <i>Application to Have the</i> with your petition.
Hav	e you filed for	□ No					00.00007
	kruptcy within the 8 years?	🛚 Yes.	District	Northern District of Illinois	_ When		Case number <u>08-08327</u>
			District		_ When		Case number
					When		
			District		_ AATIEST	MM / DD / YYYY	Case number
. Ara	any bankruptcy	⊠ No					
cas	es pending or being	Yes.	Debtor				Relationship to you
not you	d by a spouse who is filing this case with I, or by a business tner, or by an	- 755			_ When		Case number, if known
affi	liate?		Debtor	<u></u>			Relationship to you
							Case number, if known
	you rent your sidence?	☐ No. ☒ Yes.	Has y reside N	ence?  o. Go to line 12.  es. Fill out <i>Initial Statement A</i>	About ar		a and do you want to stay in your nt Against You (Form 101A) and file it with

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_	
Report About Any B	usinesses You Own as a Sole Proprietor
Are you a sole proprietor	☒ No. Go to Part 4.
of any full- or part-time business?	☐ Yes. Name and location of business
A sole proprietorship is a	
business you operate as an individual, and is not a separate legal entity such as	Name of business, if any
a corporation, partnership, or LLC.	Number Street
If you have more than one sole proprietorship, use a	
separate sheet and attach it	State ZIP Code
to this petition.	City State ZIP Code
	Check the appropriate box to describe your business:
	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
	☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
	☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
	☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
	☐ None of the above
Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small	can set appropriate deadlines. If you indicate that you are solved in the case that you are solved in the case that you are you most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11.  No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in
business debtor, see 11 U.S.C. § 101(51D).	the Bankruptcy Code.
	Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Penort if You Own	or Have Any Hazardous Property or Any Property That Needs Immediate Attention
art 4: Report if You Own	
. Do you own or have any	⊠ No
property that poses or is alleged to pose a threat of imminent and	Yes. What is the hazard?
identifiable hazard to public health or safety? Or do you own any	
property that needs immediate attention?	If immediate attention is needed, why is it needed?
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	
	Where is the property? Number Street

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Debtor 1 Raul Claudio		Cas	e number (if known)	
, 100 T Marin	idle Name Last Name	shout Cradit Counseling		
Part 5: Explain Your E	fforts to Receive a Briefing A  About Debtor 1:	thout Credit Counseling	About Debtor 2 (Spo	use Only in a Joint Case):
you have received briefing about credit	You must check one:		You must check one:	
counseling.  The law requires that you receive a briefing about or	filed this bankruptcy p	hin the 180 days before I etition, and I received a	counseling agend	ng from an approved credit cy within the 180 days before I otcy petition, and I received a opletion.
counseling before you file bankruptcy. You must truthfully check one of the	for Attach a copy of the cert	tificate and the payment	Attach a copy of the plan, if any, that yo	ne certificate and the payment bu developed with the agency.
full the following choices. If you cannot do so, you are not eligible to file.	I received a briefing fro	thin the 180 days before I petition, but I do not have a	counseling agen	ing from an approved credit cy within the 180 days before I otcy petition, but I do not have a apletion.
If you file anyway, the cou can dismiss your case, yo will lose whatever filing fe	urt Within 14 days after you you MUST file a copy of the plan if any	u file this bankruptcy petition, f the certificate and payment	Within 14 days aft you MUST file a c plan, if any.	er you file this bankruptcy petition, opy of the certificate and payment
you paid, and your crediti can begin collection activ again.	ors ities I certify that I asked fo services from an appr unable to obtain those days after I made my I	oved agency, but was e services during the 7	services from an unable to obtain days after I made	sed for credit counseling approved agency, but was those services during the 7 amy request, and exigent nerit a 30-day temporary waiver nt.
	what efforts you made t	eparate sheet explaining to obtain the briefing, why ain it before you filed for exigent circumstances	requirement, attac what efforts you n you were unable	ay temporary waiver of the ch a separate sheet explaining nade to obtain the briefing, why to obtain it before you filed for what exigent circumstances e this case.
	briefing before you filed If the court is satisfied we still receive a briefing we you must file a certificate agency, along with a condeveloped, if any, if you may be dismissed.  Any extension of the 30 courts agency and the 30 courts are still as a court and the 30 courts are still as a court and the 30 courts are still as a court as a c	easons for not receiving a I for bankruptcy. with your reasons, you must within 30 days after you file.	dissatisfied with y briefing before yo If the court is sati still receive a brie You must file a co agency, along wil developed, if any may be dismisser Any extension of	e dismissed if the court is rour reasons for not receiving a su filed for bankruptcy. If the filed for bankruptcy, sfied with your reasons, you must fing within 30 days after you file. If the filed for the approved the acopy of the payment plan you. If you do not do so, your case d. If you day deadline is granted it is limited to a maximum of 15
	☐ I am not required to r		I am not require credit counselir	d to receive a briefing about ng because of:
	defic incar	re a mental illness or a mental iency that makes me pable of realizing or making nal decisions about finances.	☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
	☐ Disability. My p to be brief throu	physical disability causes me e unable to participate in a ing in person, by phone, or ugh the internet, even after I onably tried to do so.	🗖 Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
	☐ Active duty. I am duty	currently on active military in a military combat zone.		I am currently on active military duty in a military combat zone.
	hriefing about credit o	not required to receive a ounseling, you must file a redit counseling with the court.	briefing about cr	u are not required to receive a edit counseling, you must file a rr of credit counseling with the cour

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	Raul Claudio		Case number (# w	notyn)
ebtor 1	First Name Middle Name	Last Name		
art 6:		ions for Reporting Purposes		1 ("1"-44 H C C & 101/8)
	kind of debts do	16a. <b>Are your debts primarily o</b> as "incurred by an individual pri	consumer debts? Consumer de imarily for a personal, family, or ho	ebts are defined in 11 U.S.C. § 101(8) usehold purpose."
you h		<ul><li>No. Go to line 16b.</li><li>Yes. Go to line 17.</li></ul>		
		16b. Are your debts primarily I money for a business or invest	business debts? Business debt iment or through the operation of th	ts are debts that you incurred to obtain ne business or investment.
		<ul><li>No. Go to line 16c.</li><li>Yes. Go to line 17.</li></ul>		
		16c. State the type of debts you ow	e that are not consumer debts or b	ousiness debts.
17. Are V	ou filing under	No. I am not filing under Chap	tor 7 Co to line 18	
Chap	oter 7?	_	- Constath of offer any of	cempt property is excluded and
any e	ou estimate that after exempt property is	administrative expenses a	re paid that funds will be available	to distribute to unsecured creditors?
admi	uded and inistrative expenses	□ No □ Yes		
avail	paid that funds will be lable for distribution rsecured creditors?	u ies	n var	an the season provided the season of the sea
relevad CZZADAROD WZZEWYCZO	many creditors do	————————————————————————————————————	1,000-5,000	25,001-50,000 50,001-100,000
you (	estimate that you	☐ 50-99 ☐ 100-199	5,001-10,000 10,001-25,000	☐ More than 100,000
owe'	f	☐ 100-199 ☐ 200-999		
19. How	much do you	☒ \$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
estir	mate your assets to	\$50,001-\$100,000	\$10,000,001-\$50 million \$50,000,001-\$100 million	\$10,000,000,001-\$50 billion
be w	vorth?	□ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$100,000,001-\$500 million	More than \$50 billion
· Lou	v much do you	☐ \$0-\$50,000	☐ \$1,000,001-\$10 million	\$500,000,001-\$1 billion
20. now	mate your liabilities	<b>☒</b> \$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
	e?	\$100,001-\$500,000	\$50,000,001-\$100 million \$100,000,001-\$500 million	More than \$50 billion
and the second		☐ \$500,001-\$1 million	\$100,000,001-\$500 (IRIIIO)	
Part 7:	Sign Below	and this potition, and	I I declare under penalty of periury	that the information provided is true and
For yo	u	correct		
		of title 11, United States Code. 11	understand the relief available and	eed, if eligible, under Chapter 7, 11,12, or 13 er each chapter, and I choose to proceed
		this document. I have obtained a	Ud Lead file Horice reduitor of it.	eone who is not an attorney to help me fill out J.S.C. § 342(b).
		I request relief in accordance wit	h the chapter of title 11, United Sta	ites Code, specified in this petition.
		I understand making a false state with a bankruptcy case can resul 18 U.S.C. §§ 152, 1341, 1519, a	it in lines up to \$200,000, or impris	aining money or property by fraud in connection onment for up to 20 years, or both.
man i na mand i Applicance market		s/Raul Claudio Signature of Debtor 1		lennifer Marie Claudio Alacella Inature of Debtor 2
		Executed on 09/26/2016 MM / DD /		ecuted on 09/26/2016 MM / DD / YYYY

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ebtor 1	Raul Claudio		Case number (if known)	
	First Name Middle Name	Last Name		
epresente vou are	ttorney, if you are ed by one not represented rney, you do not	I, the attorney for the debtor(s) named in this p to proceed under Chapter 7, 11, 12, or 13 of til available under each chapter for which the per the notice required by 11 U.S.C. § 342(b) and, knowledge after an inquiry that the information	son is eligible. I also certify that	t I have delivered to the debtor(s)  O) applies, certify that I have no
eed to fil	e this page.	🗴 s/James M. Durkee	Date	09/26/2016
		Signature of Attorney for Debtor		MM / DD /YYYY
		James M. Durkee Printed name  Malmquist and Gelger, LLC Firm name  415 Liberty St. Number Street		
		Morris	IL State	60450 ZIP Code
		City  Contact phone (815) 942-5072	Email address	
		6296297	IL	-
		Bar number	State	
			100	

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Debtor 1	Raul		Claudio	
Jenioi I	First Name	Middle Name	Last Name	
Debtor 2	Jennifer	Marie	Claudio	
Spouse, if filing)	First Name	Middle Name	Last Name	
Jnited States I	Bankruptcy Court fo	or the: Northern Dis	trict of Illinois	

☐ Check if this is an amended filing

#### Official Form 106A/B

#### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

No	u own or have any legal or equitable intere	st in any residence, building, land, or similar prope	erty?	
1.1.	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	I claims on Schedule L ns Secured by Property
		- 🔲 Land	\$	\$
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number:	Check If this is co (see instructions) em, such as local	mmunity property
f was	own or have more than one, list here:	<u></u>		
1.2.		What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule ns Secured by Proper
	Street address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	
		Land	\$	\$
	City State ZIP Code	U Other	Describe the nature interest (such as fee the entireties, or a life	simple, tenancy k
		Who has an interest in the property? Check one.		
		Debtor 1 only Debtor 2 only		
	County	Debtor 1 and Debtor 2 only	Check if this is co	

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ог 1	Raul Flist Name Middle Na	Claudi me Last Name	Case number (if kind	own)	
1.3.		, aguain	What is the property? Check all that apply.  ☐ Single-family home	Do not deduct secured clain the amount of any secured of Creditors Who Have Claims	claims on Schedule D. Secured by Property.
1.0.	Street address, if available,	or other description	Duplex or multi-unit building Condominium or cooperative	Current value of the	
			Manufactured or mobile home  Land	\$	\$
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee si the entireties, or a life	imple, tenancy by
			Who has an interest in the property? Check one.		
	County		Debtor 1 only		
	County		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Check if this is con	nmunity property
			At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this ite property identification number:	em, such as local	
own	own, lease, or have lega that someone else drives s, vans, trucks, tractors, No res Make:	al or equitable interes. If you lease a vehic sport utility vehicle	est in any vehicles, whether they are registered or one, also report it on Schedule G: Executory Contracts, motorcycles  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Claim	aims or exemptions. P d claims on Schedule ns Secured by Proper
own cars	own, lease, or have leganth that someone else drives, vans, trucks, tractors,	al or equitable intero s. If you lease a vehic sport utility vehicle	sle, also report it on Schedule G: Executory Contracts s, motorcycles  Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Claim	aims or exemptions. P d claims on Schedule ns Secured by Proper Current value of
you own Cars	own, lease, or have leganth that someone else drives, vans, trucks, tractors, No Yes  Make:  Model: Year:	al or equitable interests. If you lease a vehicle sport utility vehicle CHEVROLET MALIBU	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clar the amount of any securer Creditors Who Have Claim	aims or exemptions. P d claims on Schedule ns Secured by Proper Current value of
you own Cars N S	own, lease, or have legal that someone else drives, vans, trucks, tractors, No Yes  Make:  Model:  Year:  Approximate mileage:	al or equitable interes. If you lease a vehicle sport utility vehicle CHEVROLET MALIBU 2011 61500	Sile, also report it on Schedule G: Executory Contracts s, motorcycles  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$ 6,776.00	aims or exemptions. P d claims on Schedule ns Secured by Proper Current value of portion you owr
you own Cars N N	own, lease, or have legal that someone else drives on that someone else drives on the someone else else else else else else else el	al or equitable interes. If you lease a vehicle sport utility vehicle CHEVROLET MALIBU 2011 61500  one, describe here:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$ 6,776.00	aims or exemptions. P d claims on Schedule ns Secured by Proper Current value of portion you owr \$6,776.00
you own Cars  S 3.1.	own, lease, or have legal that someone else drives a trucks, tractors, no yes.  Make:  Model:  Year:  Approximate mileage:  Other information:	chevrolet MALIBU 2011 61500 one, describe here:  HONDA ACCORD 2012	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$6,776.00	aims or exemptions. Pod claims on Schedule ins Secured by Proper  Current value of portion you own \$6,776.00  aims or exemptions. Fod claims on Schedule ins Secured by Proper.
Cars  Cars  Significant of the s	own, lease, or have legal that someone else drives in the someone else else else else else else else el	chevrolet  CHEVROLET  MALIBU  2011  61500  one, describe here:  HONDA  ACCORD	Sile, also report it on Schedule G: Executory Contracts s, motorcycles  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$ 6,776.00  Do not deduct secured class amount of any secured Creditors Who Have Claim  Current value of the	aims or exemptions. Pod claims on Schedule in Secured by Proper Current value of portion you own \$6,776.00

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3.	Make:		o has an interest in the property? Check one.	Do not deduct secured clai the amount of any secured	claims on Schedule D.
	Model:		Debtor 1 only	Creditors Who Have Claim	s Secured by Property
			Debtor 2 only	Current value of the	Current value of t
	Year:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Approximate mileage:		At least one of the debtors and another		
	Other information:		Check if this is community property (see	\$	\$
			instructions)		
	The second secon		no has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Pu
.4.	Make:		Debtor 1 only	the amount of any secured Creditors Who Have Clain	l claims on Schedule I as Secured by Propert
	Model:		Debtor 2 only		
	Year:		Debtor 1 and Debtor 2 only	Current value of the	Current value of portion you own
	Approximate mileage:		At least one of the debtors and another	entire property?	portion you own
	Other information:			•	\$
	Other information:		Check if this is community property (see	\$	<b>5</b>
			instructions)		
xa X	mples: Boats, trailers, motors, po	ersonal watercraft, f	ecreational vehicles, other vehicles, and acce ishing vessels, snowmobiles, motorcycle access	unies	
Exa XIII	mples: Boats, trailers, motors, po No Yes	ersonal watercraft, f	creational vehicles, other vehicles, and acce ishing vessels, snowmobiles, motorcycle access tho has an interest in the property? Check one.	Do not deduct secured of	ed claims on Schedule
xa X	mples: Boats, trailers, motors, po No Yes Make:	ersonal watercraft, f	ishing vessels, snowmobiles, motorcycle access the has an interest in the property? Check one.	unies	ed claims on Schedule
Exa XIII	mples: Boats, trailers, motors, po No Yes Make: Model:	ersonal watercraft, f  W	ishing vessels, snowmobiles, motorcycle access the has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clas	ed claims on Schedule ms Secured by Prope
Exa XIII	mples: Boats, trailers, motors, po No Yes Make: Model: Year:	ersonal watercraft, f  W	ishing vessels, snowmobiles, motorcycle access the has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Class	ed claims on Schedule ins Secured by Proper Current value o
Exa XIII	mples: Boats, trailers, motors, po No Yes Make: Model:	ersonal watercraft, f  W	ishing vessels, snowmobiles, motorcycle access the has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clas	ed claims on Schedule ins Secured by Prope Gurrent value o
Exa XIII	mples: Boats, trailers, motors, po No Yes Make: Model: Year:	watercraft, f	ishing vessels, snowmobiles, motorcycle access the has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Class	ed claims on Schedule ins Secured by Prope Current value o
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(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	mples: Boats, trailers, motors, per No Yes  Make:  Model:  Year:  Other information:  ou own or have more than one, I	ist here:	ishing vessels, snowmobiles, motorcycle access tho has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$	claims on Schedule ms Secured by Proper Current value or portion you own  \$
Exal	mples: Boats, trailers, motors, per No Yes  Make:  Model:  Year:  Other information:  ou own or have more than one, I  Make:  Model:  Year:	ist here:	ishing vessels, snowmobiles, motorcycle access the has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$	claims on Schedule ms Secured by Prope  Current value o portion you own  S  claims or exemptions. red claims on Schedule irms Secured by Prope  Current value o
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	mples: Boats, trailers, motors, per No Yes  Make:  Model:  Year:  Other information:  ou own or have more than one, I  Make:  Model:  Year:	ist here:	ishing vessels, snowmobiles, motorcycle access tho has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$	claims on Schedule in Secured by Prope  Current value of portion you own  Salaims or exemptions. The claims of schedule in Schedule in Schedule in Secured by Prope  Current value of portion you own
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Debtor 1	Raul First Name	Middle Name	Claudio Last Name	Case nur	mber (if known)	
_						
Part 3: Do you ov			and Household Items  able interest in any of the fol	lowing items?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
. House Examp	hold goods ar les: Major appl	nd furnishings iances, furniture	, linens, china, kitchenware			
☐ No ☑ Ye	s. Describe	HOUSEHOL See Attachm	D GOODS FOR A FAMILY OF ent 1	4 (INCLUDES TWIN BED LC	DFT, KITCHEN	\$ <u>1,025.00</u>
Examp	. r	s and radios; au s; electronic devi	idio, video, stereo, and digital cices including cell phones, can	equipment; computers, printers neras, media players, games	s, scanners; music	
⊠ No □ Ye	s. Describe					\$
Exam	stamp, co	and figurinacy na	intings, prints, or other artwork ard collections; other collection	: books, pictures, or other art		
⊠ No □ Ye	o es. Describe					\$
e. Equip Exam	nice: Snorte n	ts and hobbles hotographic, exe ks; carpentry too	ercise, and other hobby equipm ols; musical instruments	nent; bicycles, pool tables, golf	f clubs, skis; canoes	
⊠ No □ Ye	o es. Describe					\$
10. <b>Firea</b> i <i>Exam</i>		fles, shotguns, a	ımmunition, and related equipr	nent		
×Ν						\$
11. Cloth <i>Exan</i>	es aples: Everyday	/ clothes, furs, le	ather coats, designer wear, sh	oes, accessories		
☐ N		CTOTHIN	NG FOR A FAMILY OF A			\$ <u>250.00</u>
12. <b>Jew</b> e Exan	el <b>ry</b> nples: Everyda gold, silv	y jewelry, costun ver	ne jewelry, engagement rings,	wedding rings, heirloom jewel	lry, watches, gems,	
	√o /es. Describe	PANDO	RA BRACELET			\$ 100.00
	farm animals nples: Dogs, ca	ats, birds, horses	3			
⊠ N □ \	No Yes. Describe.					\$
		al and househo	ld items you did not already	list, including any health aid	ds you did not list	
<b>⊠</b> 1	No Yes Give spec	ific	And the same of th	Million of the state of the sta	Mark Mark Mark Mark Mark Mark Mark Mark	\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

\$1,375.00

information.....

for Part 3. Write that number here

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Case number (if known)\_

Claudio

otor 1	Raul	Claudio	Case number (if known)	
101	First Name M	liddle Name Last Name		
t 4:	Describe Your	Financial Assets		
you ov	vn or have any leg	al or equitable interest in a	ny of the following?	Current value of the portion you own?  Do not deduct secured claim or exemptions.
Cash Examp	les: Money you ha	ve in your wallet, in your home	e, in a safe deposit box, and on hand when you file your petition	
⊠ No				
☐ Yes	S		Cash:	\$ <u> </u>
Depos Examp	its of money oles: Checking, sav and other sim	vings, or other financial accou ilar institutions. If you have mi	nts; certificates of deposit; shares in credit unions, brokerage hous ultiple accounts with the same institution, list each.	es,
☐ No	) 98		Institution name:	
<b>(23)</b>			BANK OF AMERICA	<sub>\$</sub> 85.00
		17.1. Checking account:	DAINT OF PRINCIPAL	
		17.2. Checking account:	BANK OF AMERICA	\$20.00
		17.3, Savings account:	DANCO: AMERICA	\$
		17.4. Savings account:		\$
		17.5. Certificates of deposit:		\$
		17.6. Other financial account: 17.7. Other financial account:		\$
		17.7. Other financial account:		
		17.9. Other financial account:		
		17.9. Other Illiancial account.		
3, Bond	ls, mutual funds,	or publicly traded stocks	Server firms, monoy market accounts	
		investment accounts with brot	kerage firms, money market accounts	
⊠ N □ Y	10 'es	Institution or issuer name:		
				\$
				\$
				\$
9. <b>Non</b>	-publicly traded s	tock and interests in incorp	orated and unincorporated businesses, including an interest	ın
	LC, partnership,		% of ownership	:
<b> </b>	No Yes. Give specific	Name of entity:	%	\$
Ì	nformation about		%	\$
	hem		%	\$
τ				

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	Raul Irst Name M		laudio	Case	number (if known)	
F	irst Name M	Vlogie Marine			A Same of PSE at the control of the	and the state of the second control of the s
	-4 d	ate bonds and othe	er negotiable and non-no	egotiable instruments		
					y orders.	
Non-negotia	able instrumen	its are those you can	nnot transfer to someone	by signing or delivering t	nom.	
☑ No					÷	
🖵 Yes. Giv	ve specific	Issuer name:				\$
******	tion about				<u>.                                 </u>	- \$
						- \$ - \$
Retirement	t or pension a	accounts A. ERISA, Keogh, 4	01(k), 403(b), thrift saving	s accounts, or other per	nsion or profit-sharing pla	ins
⊠ No	mercate in it	. ,				
∏ Vac li	ist each					
accoun	nt separately	Type of account:	Institution name:			\$
		401(k) or similar plan:				
		Pension plan:				
		IRA:				\$
		Retirement account:				<u> </u>
						<u> </u>
		Keogh:		<del></del> -		<u> </u>
		Additional account:				
		Additional account	-			\$
		Additional account:	-			\$
Your shar Examples		Additional account:  prepayments d deposits you have with landlords, prep	made so that you may co aid rent, public utilities (e	ntinue service or use fro ectric, gas, water), telec	om a company	
Your share Examples companie	re of all unuse s: Agreements	Additional account:  prepayments d deposits you have with landlords, prep	made no that you may co	ntinue service or use fro ectric, gas, water), telec	om a company	
Your share Examples companie	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep	made so that you may co aid rent, public utilities (e	ntinue service or use fro ectric, gas, water), telec	om a company	
Your share Examples companie	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas:	made so that you may co raid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec	om a company communications	
Your share Examples companie	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil:	made so that you may co raid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec al:	om a company communications	
Your share Examples companie	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on	made so that you may co eaid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec	om a company communications	
Your share Examples companie	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent:	made so that you may co eaid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec al:	om a company communications	ssssss
Your share Examples companie	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone:	made so that you may co eaid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec	om a company communications	\$
Your share Examples companies  No	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water:	made so that you may co eaid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec	om a company communications	
Your share Examples companies  No	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture:	made so that you may co eaid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec	om a company communications	sssssssss
Your share Examples companies  No	re of all unuse s: Agreements es, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water:	made so that you may co eaid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec	om a company communications	\$\$\$\$\$\$\$
Your shar Examples companies  No Yes	re of all unuses: Agreementses, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may co paid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec	om a company communications	\$\$\$\$\$\$\$
Your shar Examples companies  No Yes	re of all unuses: Agreementses, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may co eaid rent, public utilities (e Institution name or individu	ntinue service or use fro ectric, gas, water), telec	om a company communications	\$\$\$\$\$\$\$
Your share Examples companies  No Yes  23. Annuitie	re of all unuses: Agreementses, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may covaid rent, public utilities (element, public utilities (element) institution name or individuate rental unit:	ntinue service or use fro ectric, gas, water), telec	om a company communications	\$\$\$\$\$\$\$
Your share Examples companies  No Yes  23. Annuitie	re of all unuses: Agreementses, or others	Additional account:  prepayments d deposits you have with landlords, prep  Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may covaid rent, public utilities (element, public utilities (element) institution name or individuate rental unit:	ntinue service or use fro ectric, gas, water), telec	om a company communications	\$\$\$\$\$\$\$

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alakar d	Raul		Claudio	Case number (# knox	vn)	
ebtor 1	First Name Middle N	- Agine	Last Name		enter de la companya	anne de apparent autorio en la proposició de apparent
	and the state of the same than		ug J ADI E pro	gram, or under a qualified state	tuition program.	
Interests	in an education IRA	i, in an accour	nt in a qualified ABLE proj (1).	gram, or under a qualified state		
F-3	c. §§ 530(b)(1), 529A(					
⊠ No		Institution na	me and description. Separa	tely file the records of any interests	s.11 U.S.C. § 521(c):	
162		IIISIIIUBUII IIA				\$
						\$
						\$
				a listed in line 1), and rights or r	oowers	
Trusts,	equitable or future in able for your benefit	nterests in pro	operty (other than anythin	g listed in line 1), and rights or p		
	able for your benome					
⊠ No	. Give specific					\$
info	rmation about them					
			/d _ther intellect	ual nronertV		
6. Patents	s, copyrights, traden	narks, trade s	ecrets, and other intellecties, proceeds from royalties a	and licensing agreements		
	les: Internet domain n	ames, website			and the second s	
⊠ No			Commence of the state of the st	North Control of the		\$
☐ Yes	s. Give specific ormation about them				MANAGE TO PROPERTY LINE I I WINDOWS AND	Ψ
			Value any materials and a proper prop	Name of the state		
7. Licens	ses, franchises, and	other general	intangibles	on holdings, liquor licenses, profess	sional licenses	
Examp	oles: Building permits,	exclusive licer	ises, cooperative association	II Holdings, iiques iis and		
⊠ No	)					
☐ Ye	es. Give specific formation about them.					<b>\$</b>
int	ormation about them.	A COMMENT OF STREET OF STREET OF STREET	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	and the second s	and the second s	a
Manoy O	r property owed to y	ou?				Current value of the portion you own?
Michies O	, brokery care					Do not deduct secured claims or exemptions.
os Tay re	efunds owed to you					
20. Tax N						_
	es. Give specific infor	mation			Federal:	
□ Y	62. Give specifie inter		1			\$
☐ Y	ahout them, includ	ding whether			State:	\$
☐ Y	about them, included you already filed the and the tax years.	ding whether he returns			State: Local:	•
<b>□</b> Y	about them, include you already filed to	ding whether he returns				\$
	about them, including you already filed the and the tax-years.	ding whether the returns	Additional type and the state of the state o		Local:	\$ \$
	about them, including you already filed the and the tax-years.	ding whether the returns	Additional type and the state of the state o	oport, maintenance, divorce settlen	Local:	\$ \$
29. <b>Fam</b> i Exan	about them, included you already filed the and the tax years.  ily support  inples: Past due or lun	ding whether the returns	Additional type and the state of the state o	pport, maintenance, divorce settlen	Local:	\$ \$
29. Fami Exan	about them, including you already filed the and the tax years.  ily support  inples: Past due or lun	ding whether the returns	y, spousal support, child su	oport, maintenance, divorce settler	Local:	\$ \$
29. Fami Exan	about them, included you already filed the and the tax years.  ily support  inples: Past due or lun	ding whether the returns	y, spousal support, child su	oport, maintenance, divorce settler	Local: nent, property settlem	\$ent
29. Fami Exan	about them, including you already filed the and the tax years.  ily support  inples: Past due or lun	ding whether the returns	y, spousal support, child su	oport, maintenance, divorce settler	Local: nent, property settlem Alimony:	\$ent  \$ssss
29. Fami Exan	about them, including you already filed the and the tax years.  ily support  inples: Past due or lun	ding whether the returns	y, spousal support, child su	oport, maintenance, divorce settler	Local: nent, property settlem Alimony: Maintenance:	\$ent  \$ \$ \$ \$ \$ \$
29. Fami Exan	about them, including you already filed the and the tax years.  ily support  inples: Past due or lun	ding whether the returns	y, spousal support, child su	oport, maintenance, divorce settler	Local:  ment, property settlem  Alimony:  Maintenance:  Support:	\$ent  \$ \$ \$ \$ \$ \$
29. Fami Exan ☑ N	about them, include you already filed to and the tax years.  ily support inples: Past due or lunder.  No Yes. Give specific info	ting whether the returns	y, spousal support, child sup		Local:  ment, property settlem  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$sssssssss_
29. Fami Exan ⊠ N	about them, including you already filed the and the tax years.  ily support inples: Past due or lunders. Past due or lunders. Give specific inforters amounts someon	np sum alimon	y, spousal support, child sup	benefits, sick pay, vacation pay, w	Local:  ment, property settlem  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$sssssssss_
29. Fami Exan ☑ N	about them, including you already filed the and the tax years.  ily support inples: Past due or lunders. Past due or lunders. Give specific inforters amounts someon	np sum alimon	y, spousal support, child sup	benefits, sick pay, vacation pay, w	Local:  ment, property settlem  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$sssssssss_
29. Fami Exen ⊠ N	about them, include you already filed to and the tax years.  ily support  inples: Past due or lunder  ives. Give specific information  in a mounts someon  imples: Unpaid wages  Social Security	np sum alimon	y, spousal support, child sup	benefits, sick pay, vacation pay, w	Local:  ment, property settlem  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$sssssssss_

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	Doul		Claudio	Case number (if known)	
Debtor 1	Raul First Name	Middle Name	Last Name		
				Company of the compan	er i angere amendere and area e transporte and a second and
	**	Holos			
31, Interests Evample	s in insurance se Health disa	bility, or life insurar	ice; health savings account (HS	SA); credit, homeowner's, or renter's insurance	
	5. Health, Gloci	bility, or live and	•		
⊠ No	Name the inst	rance company	Company name:	Beneficiary:	Surrender or refund value:
Tes.	of each policy	and list its value			\$
					\$
					1
					\$
		a statta dun you	from someone who has die	od.	i i i gana ka
32. Any int	erest in prope	orty that is due you	ı from someone who has die expect proceeds from a life ins	surance policy, or are currently entitled to receive	Le sea sourcer à
property	y because som	eone has died.			
⊠ No	•				
	. Give specific	information	-		\$
	السائمة والمالية	nartice whather	or not you have filed a lawsu	it or made a demand for payment	erijih waanaa
33. Claims	against third	employment dispu	tes, insurance claims, or rights	to sue	4 Common va
		Chiploymon ar-p	•		
⊠ No		ch claim			\$
o. Othor	contingent an	d unliquidated cla	ims of every nature, includin	ng counterclaims of the debtor and rights	
to set	off claims	a aimquisii i			
🗵 No					WITT 1
🔲 Ye	s. Describe ea	ch claim			\$
os Any fi	nancial assets	s you did not alrea	ndy list		
⊠ No □ ∨	u oc Cive snecifi	ic information			\$
<b>J</b>	55. Olive apasiii				
many affilia is debat			t-tee from Part 4, including 8	ny entries for pages you have attached	s 105.00
36. Add t	the dollar valu	e of all of your en	tries from Farc 4, molecums a	iny entiries for pages year many	\$ 100.00
for Pa	art 4. Write the	at familiaer fiero			nno - , como , tyromo , cromo , como , como , cromo , cromo , o o o o e
			and the contract of the contra		
	_			ou Own or Have an Interest In. List any	real estate in Part 1.
Part 5:	Describ	e Any Busines	s-Related Property To	Ju Owil of Have an interest	
7.00			ultable interest in any busine		
			madio mistore in any master		
	No. Go to Part 6				
l av	es. Go to line	<b>3</b> 8.			Current value of the
A ACCUSANCE OF THE PARTY OF THE					portion you own?  Do not deduct secured claims
					Do not deduct secured claims or exemptions.
38 Δας	ounts receival	ble or commission	ns you already earned		
38. ACC					<del></del> -1
\$	ivo Yes, Describe.				\$
1	I GO, DEGUINE,				
Off:	co aquinment	, furnishings, and	supplies		ces
39, Offi Exa	mples: Business-	related computers, so	ftware, modems, printers, copiers,	fax machines, rugs, telephones, desks, chairs, electronic device	<del></del>
Σ.Σ.					
_	Yes, Describe				\$
]	, 55, 2556,26				
and the second			Annual Annual Control of the Control	and the second of the second o	

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Debtor 1	Raul	Claudio Case number (if Innovin)	
Deptor 1	First Name	Middle Name Last Name	
		the free trace and tools of your trade	2777
	ery, fixtures, equ	ipment, supplies you use in business, and tools of your trade	
⊠ No			\$
Yes.	Describe		
	<b></b>		***
41, Inventor	ry		general control of the control of th
⊠ No	. Describe		\$
☐ Yes.	. Describe		
	a in narinazehir	os or joint ventures	
42. Interest	s in parmersini	S of John Ventures	
3	. Describe	Name of entity: % of ownership:	20 com 4 PC/00
		%	\$
T I a se		%	\$
A Professional A Pr			\$
And the second s			
		g lists, or other compilations	and opposite the same of the s
☑ No	s No your lists	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	⊠ No		_
***	Yes. Desc		\$
			The state of the s
44 Any bu	iciness-related	property you did not already list	re u parte e u
44. Ally bu  ☑ No		proposity years	and the second of
☐ Ye	s. Give specific		\$
info	ormation		\$
			\$
			\$
			\$
			\$
		L	0.00
45. Add tl	he dollar value	of all of your entries from Part 5, including any entries for pages you have attached	\$ <u>0.00</u>
for Pa	art 5. Write that	number here	and the second s
	er examinate som to commerce	Company Compan	
Part 6:	Nescribe A	ny Farm- and Commercial Fishing-Related Property You Own or Have an Interest	ln.
, Eirt O	If you own o	r have an interest in farmland, list it in Part 1.	
	<b>_</b>	or commercial fiching-related property?	
		any legal or equitable interest in any farm- or commercial fishing-related property?	
	lo. Go to Part 7. es. Go to line 47		
Tappen to American	J. J. (2 1110 11		Current value of the portion you own?
Approximately (C.C.) Springer			Do not deduct secured claims
			or exemptions.
47. Farm	n animals		
Exan	<i>nples</i> : Livestock,	poultry, farm-raised fish	
<b>⊠</b> ∧			
UY	/es		\$
			*

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	₄ Raul	Claudio	Case number (if known)	
Debtor	First Name	Middle Name Last Name	<del></del>	
	ps—either growi	ng or harvested		
XI	No Yes. Give specific			\$
	information			Ψ
49. Far	m and fishing eq	uipment, implements, machinery, fixtures, a	nd tools of trade	
X	No			
u	Yes			\$
		the showledge and food		
		ipplies, chemicals, and feed		
	No Yes			
_	100			\$
E4 An	v farm, and com	mercial fishing-related property you did not	aiready list	deposed #EW VID
	l No			
	Yes. Give speci			\$
o Constitution of the Cons	information	100 100 100 100 100 100 100 100 100 100	any entries for pages you have attached	\$0.00
52. <b>A</b> 6	dd the dollar valu	ue of all of your entries from Part 6, including	174	→
10	g Fail 0. Wille th	and the second s	A STANDARD OF THE STANDARD OF	The first control was completeness and the control was control to the control of
	and the		Interest in That You Did Not List Al	oove
Part	74 Describ	e All Property You Own or Have ar	n Interest in That You Did Not List Al	TW fam.
53 D	o vou have othe	r property of any kind you did not already lis	t?	
Ε	xamples: Season tic	kets, country club membership		\$1,205.04
	No Yes. Give spec	2015 TAX REFUND		\$ 1,200.04
U	information	1		\$
and the same of th				
annoth 17th from		D_4 7 \8/uito th	of number here	<b>\$1,205.04</b>
54. <b>F</b>	dd the dollar val	ue of all of your entries from Part 7. write the	at number here	A STATE OF THE STA
	and the second s	A CONTRACTOR OF THE PROPERTY O	A CONTRACT OF STATE O	
Par	t 8: List th	e Totals of Each Part of this Form		:
		estate, line 2		<del>→</del> \$ <u>0.00</u>
55.	Part 1: Total real	estate, line Z		<u> </u>
56.1	Part 2: Total vehi	cles, line 5	<u>\$15,533.00</u>	
57.	Part 3: Total pers	sonal and household items, line 15	\$ <u>1,375.00</u>	
-		ncial assets, line 36	\$105.00	
			<b>\$</b> 0.00	
59.	Part 5: Total bus	iness-related property, line 45	'	
60.	Part 6: Total farr	n- and fishing-related property, line 52	\$ <u>0.00</u>	
5		er property not listed, line 54	+ \$1,205.04	The second section is a second
			\$18,218.04 Copy personal propert	v total → + \$18,218.04
62	. Total personal p	roperty. Add lines 56 through 61	\$ 10,2 10.04 Copy personal propert	
10 A C C C C C C C C C C C C C C C C C C				\$18,218.04
63	. Total of all prop	erty on Schedule A/B. Add line 55 + line 62		\$ 10,210.01
1				the state of the s

# Attachment Debtor: Raul Claudio Case No:

#### Attachment 1

TABLE/CHAIRS, KING SIZE BEDROOM SET, 7 PIECE FRONT ROOM SET, SOFA/CHAIR/OTTOMAN/2 TV'S, 2 SMALL TV'S, KIDS BOOKS; ADDITIONAL HOUSEHOLD GOODS (2 CELL PHONES, KID'S BASKETBALL HOOP, TRAMPOLINE, IPAD 2); OFFICE HOUSEHOLD GOODS (LAPTOP, COMPUTER DESK, DOG CAGE, PRINTER, WII-U)

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Fill in this in	formation to ide	entify your case:		
Debtor 1	Raul First Name	Middle Name	Claudio Last Name	
Debtor 2 (Spouse, if filing)	Jennifer First Name	Marie Middle Name	Claudio Last Name	
United States	Bankruptcy Court	for the: Northern Dist	rict of Illinois	
Case number (If known)				

☐ Check if this is an amended filing

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

X You are claim	ning state and federal nonbank ning federal exemptions. 11 U.	ruptcy exemptions. 11	your spouse is filing with you. U.S.C. § 522(b)(3)	
For any property	y you list on Schedule A/B th	nat you claim as exem	pt, fill in the information below.	
Briof descriptio	n of the property and line on hat lists this property		Amount of the exemption you claim	Specific laws that allow exemption
Schedule A/P u	lating and property	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	See Attachment 1	\$ <u>500.00</u>	\$     \[     \]      \[     \]      \[     \]      \[     \]      \[     \]      \[     \]      \[     \]      \[     \]      \[    \]      \[     \]      \[	
Line from Schedule A/B:	6		any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description:	2015 TAX REFUND	<u>\$1,205.04</u>	\$     ■ 100% of fair market value, up to	735 1203 3712-100 1(5)
Line from Schedule A/B:	53	THE REST COMMANDED TO MAKE A COMMAND COMMAND A STATEMENT	anu applicable statutory limit	
Brief description:		\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Are you claim	ing a homestead exemption ustment on 4/01/19 and every	of more than \$160,375 3 years after that for ca	? ses filed on or after the date of adjustmen	t.)

Attachment Debtor: Raul Claudio

Case No:

Attachment 1

HOUSEHOLD GOODS FOR A FAMILY OF 4 (INCLUDES TWIN BED LOFT, KITCHEN TABLE/CHAIRS, KING SIZE BEDROOM SET, 7 PIECE FRONT ROOM SET, SOFA/CHAIR/OTTOMAN/2 TV'S, 2 SMALL TV'S, KIDS BOOKS

	Raul Claudio		
Debtor 1	First Name	Middle Name	Last Name
Debtor 2	Jennifer Marie		
(Spouse, if filir	ng) First Name	Middle Name	Last Name
United State	s Bankruptcy Court for	the: Northern Distric	t of Illinois

☐ Check if this is an amended filing

#### Official Form 106D

#### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

for each claim. If more than one creditor b	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
Ally Financial	Describe the property that secures the claim:	\$ 12,264.00	<sub>\$</sub> 6,776.00	\$ 6,604.00
Creditor's Name P.O. BOX 380901 Number Street	2011 CHEVROLET MALIBU with 61500 miles.			
BLOOMINGTON MN 55438	As of the date you file, the claim is: Check all that apply  Contingent Unliquidated			
City State ZIP Code	☐ Disputed  Nature of lien. Check all that apply.			
Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a	An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)	_		
community debt  Date debt was incurred	Last 4 digits of account number 7 2 3 5			
<sup>.2]</sup> Capital One	Describe the property that secures the claim:	\$ <u>12,381.00</u>	\$ <u>8,757.00</u>	<u>\$ 3,624.0</u>
Creditor's Name 7933 PRESTON RD. Number Street	2012 HONDA ACCORD with 63000 miles.			
Tulibo	As of the date you file, the claim is: Check all that apple   Contingent	y.		
PLANO         TX         75024           City         State         ZIP Code	_ ☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a	An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)			
community debt  Date debt was incurred	Last 4 digits of account number 9 8 3 4	11 (12 (12 (12 (12 (12 (12 (12 (12 (12 (		<u> 1992 a vener med i latinista anno del del secono del del secono del del secono del del secono del</u>
Date dept was incurred	n Column A on this page. Write that number here:	\$ 24,645.00		

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Fill in this in	formation to identify	your case:	
Debtor 1	Raul Claudio		
	First Name	Middle Name	Last Name
Debtor 2	Jennifer Marie C	laudio	
(Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Bankruptcy Court for the:	Northern Distr	ict of Illinois
Case number (If known)			

☐ Check if this is an amended filing

#### Official Form 106E/F

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

art 1: List All of Your PRIORITY Unsecure	ed Claims	******		
Do any creditors have priority unsecured claim	s against you?			
No. Go to Part 2.				
☐ Yes.				
a Liet all of your priority uneacured claims. If a cre	editor has more than one priority unsecured claim, list the	ne creditor se	eparately for ea	ich claim. For
and the line listed identify what two of claim it is if	a claim has both priority and poppriority amounts, list the	hat claim her	e and snow do	in priority ariu
nonpriority amounts. As much as possible, list the	claims in alphabetical order according to the creditor's r Part 1. If more than one creditor holds a particular clair	name, it you i n list the oth	nave more unar er creditors in l	n two phonty Part 3.
(For an explanation of each type of claim, see the		ir, not the out	or or oakoro in r	G. C. U.
(For an explanation of each type of claim, see the	instructions for this joint in the instruction bookiet.	Total clair	m Priority	Nonpriorit
		The second secon	Control of the second s	- and a second of the second o
7			_	
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street	AAlleli Mas nie nebt ulcalied:			
Mannet Greet	As of the date you file, the claim is: Check all that app	lv		
City State ZiP Code	☐ Contingent☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	☐ Disputed			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the governmen	t		
Check if this claim is for a community debt	Claims for death or personal injury while you were			
Is the claim subject to offset?	intoxicated			
□ No	Other, Specify			
Yes			Andrews and desired the second	
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	When was the debt incurred?			
	When was the dept mounted.			
Number Street	As of the date you file, the claim is: Check all that app	oly.		
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	T DESCRIPTION OF THE PROPERTY			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the governmen	ıı		
Check if this claim is for a community debt	<ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
Is the claim subject to offset?	Other. Specify			
□ No				
☐ Yes				ngli (1821-1921) (1888 - Thomas an American an American Art and 1888 - 1889)

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Debtor 1 Raul

Raul C	Claudio	
First Name	Middle Name	Last Name

Case number (if known)\_\_\_\_\_

Par	List All of Your NONPRIORITY Unsecured Claims			
3. I	Oo any creditors have nonpriority unsecured claims against you?			
[ [	□ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  ☑ Yes			
F	List all of your nonpriority unsecured claims in the alphabetical or priority unsecured claim, list the creditor separately for each claim. For included in Part 1. If more than one creditor holds a particular claim, lis ill out the Continuation Page of Part 2.	each claim listed, identify what type of claim it is. Do not list of	laims already	
	out the continuation ago on att 2.		Total claim	
1.1	AARON'S Nonpriority Creditor's Name	Last 4 digits of account number	1,800.00	
	1418 W. JEFFERSON ST.	When was the debt incurred?	почення	
	Number         Street           JOLIET         IL         60435           City         State         ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>		
	No     Yes     Yes	Other. Specify Personal Loan	A. C.	
4.2	CAB SERVICES, INC.	Last 4 digits of account number U D I O	<u>\$ 154.00</u>	
	Nonpriority Creditor's Name  90 BARNEY DR.	When was the debt incurred?		
	Number Street JOLIET IL 60435	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	☐ Contingent ☐ Unliquidated		
	Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Disputed		
	☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	☑ No ☐ Yes	☑ Other. Specify Personal Loan		
4.3	CAPITAL ONE AUTO FINANCE Nonpriority Creditor's Name	Last 4 digits of account number 6 8 0 1  When was the debt incurred?	\$ 5,600.90	
	C/O UNITED RECOVERY SYSTEMS, L.P. P.O. BOX 722929 Number Street			
	HOUSTON         TX         77272           City         State         ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☑ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify VEHICLE DEFICIENCY CLAIM		

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Case number (if known) Raul Claudio Debtor 1 First Name Your NONPRIORITY Unsecured Claims —Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Last 4 digits of account number \_\_\_\_ \_ \$3,703.00 CAPITAL ONE BANK Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 30281 As of the date you file, the claim is: Check all that apply. Street 84130 SALT LAKE CITY Contingent ZIP Code State ■ Unliquidated □ Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges is the claim subject to offset? ☑ No. Yes \$ 442.00 4.5 Last 4 digits of account number \_\_\_\_ \_\_ \_\_\_ CAPITAL ONE SERVICES, LLC Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 70886 As of the date you file, the claim is: Check all that apply. Street Number 28272 NC CHARLOTTE Contingent ZIP Code State Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify Credit Card Charges Is the claim subject to offset? ■ No. ☐ Yes s 6,527.00 4.6 Last 4 digits of account number \_\_\_ \_ **CHASE CARD** Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 15298 As of the date you file, the claim is: Check all that apply. Number Street 19850 DE WILMINGTON Contingent State ☐ Unliquidated Who incurred the debt? Check one. Disputed Debter 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges Is the claim subject to offset?

☑ No ☐ Yes Case 16-30794 Doc 1 Filed 09/27/16 Entered 09/27/16 23:43:42 Desc Main Document Page 25 of 67

	Document	Page 25 of 67	
Debtor :	Raul Claudio	Case number (if known)	
) GDIO!	First Name Middle Name Last Name		
Part :	2t Your NONPRIORITY Unsecured Claims —Continuati	ion Page	
After	listing any entries on this page, number them beginning with 4.	5, followed by 4.6, and so forth.	Total claim
.7	See Attachment 1	Last 4 digits of account number 0 6 4 2	\$ <u>600.00</u>
Ĭ	lonpriority Creditor's Name 2157 W. JEFFERSON ST.	When was the debt incurred?	
1	Number Street	As of the date you file, the claim is: Check all that apply.	
7	City State ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Who incurred the debt? Check one.  Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Student loans	
١	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Personal Loan	
	Is the claim subject to offset?  No	Cities. Specify.	
	Yes		
4.8	CREDIT FIRST N.A.	Last 4 digits of account number 0 2 6 2	\$ 629.35
	Nonpriority Creditor's Name	When was the debt incurred?	
	See Attachment 2 Number Street SOLITHEASTERN PA 19398-3102	As of the date you file, the claim is: Check all that apply.	
	SOUTHEASTERN         PA         19398-3102           City         State         ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	☐ At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card Charges	
	■ No		
	☐ Yes		\$ 701.12
4.9	CREDIT ONE BANK	Last 4 digits of account number	\$ 701.12
-	Nonpriority Creditor's Name	When was the debt incurred?	
	C/O LVNV FUNDING LLC P.O. BOX 10497 Number Street	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>	
	GREENVILLE SC 29603 City State ZIP Code	Contingent	
	City	☐ Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
ALL THE PROPERTY OF THE PARTY O	At least one of the debtors and another	you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts  A Other. Specify Credit Card Charges	
1	Is the claim subject to offset?	Other. Specify Credit Card Charges	

⊠ No □ Yes Case 16-30794 Doc 1 Filed 09/27/16 Entered 09/27/16 23:43:42 Desc Main Document Page 26 of 67

Debtor 1	Raul Claudio	Case number (if known)	
D1-0	First Name Middle Name Last Name  Your NONPRIORITY Unsecured Claims —Continuation	ı Page	
Part 2:	ting any entries on this page, number them beginning with 4.5,		Total claim
4.10 CF Non; 75 Num BC City Wh	REDITORS COLLECTION BUREAU priority Creditor's Name 65 ALMAR PARKWAY nber Street DURBONNAIS IL 60914 State ZIP Code no incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	\$ 59.00
4.11 C No 4 No S GI	REDITORS DISCOUNT AND AUDIT  Impriority Creditor's Name  15 E. MAIN ST.  Imber Street  STREATOR IL 61364  Ty State ZIP Code  The incurred the debt? Check one.  Debtor 1 only Debtor 2 only	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	\$_102.00
	Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt s the claim subject to offset? No Yes	<ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Medical Services</li> </ul>	
N C N T C	DEPARTMENT STORE NATIONAL BANK  Idenpriority Creditor's Name  C/O UNITED RECOVERY SYSTEMS, L.P. P.O. BOX 722910  Identified Street  HOUSTON  TX  77272-2910  City  State  ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?	Last 4 digits of account number 2 7 5 3  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges	<u>\$1,141.82</u>

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ebtor 1 Raul Claudio  First Name Middle Name Last Name	Case number (# known)	
art 2: Your NONPRIORITY Unsecured Claims — Continu	uation Page	
ofter listing any entries on this page, number them beginning with		Total claim
13 500011 075	Last 4 digits of account number	\$ 66,00
ESCALLATE Nonpriority Creditor's Name	When was the debt incurred?	
5200 STONEHAM RD.		
Number Street NORTH CANTON OH 44720	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☐ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only		
<ul> <li>☑ Debtor 1 and Debtor 2 only</li> <li>☑ At least one of the debtors and another</li> </ul>	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Credit Card Charges	
No		
Yes		
		000 00
FORTIVA/ATLANTICUS	Last 4 digits of account number	<sub>\$</sub> 389.00
Nonpriority Creditor's Name	When was the debt incurred?	•
P.O. BOX 105555	City the plain in Check all that apply	
Number Street ATLANTA GA 30348	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
<ul> <li>☑ Debtor 1 and Debtor 2 only</li> <li>☑ At least one of the debtors and another</li> </ul>	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
	you did not report as priority claims	
Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card Charges	
Is the claim subject to offset?	Other, Specify Croak Sund Straigs	
☑ No ☐ Yes		
		\$ 481.30
i.15 HSBC BANK NEVADA, N.A.	Last 4 digits of account number 9 0 3 3	<del>-</del>
Nonpriority Creditor's Name	When was the debt incurred?	
See Attachment 3		
Number Street NORFOLK VA 23541	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	·	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
At least one of the debtors and another	you did not report as priority claims	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Credit Card Charges	
⊠ No □ Yes		

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	Document	Page 28 of 67	
Debtor	- 1 Raul Claudio First Name Middle Name Last Name	Case number (if known)	<del></del>
Part	29 Your NONPRIORITY Unsecured Claims —Continuation	ion Page	leann tion so that says
After	listing any entries on this page, number them beginning with 4.	.5, followed by 4.6, and so forth.	Total claim
	JH PORTFOLIO DEBT EQUITIES	Last 4 digits of account number	\$ <u>655.00</u>
	Nonpriority Creditor's Name 5757 PHANTOM DR., SUITE 225	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	HAZELWOOD MO 63042 City State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:  Student loans	
	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Į	☐ Check if this claim is for a community debt Is the claim subject to offset?	Debts to pension or profit-haring plans, and other similar debts  Other. Specify Credit Card Charges	
			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
4.17	LEND UP	Last 4 digits of account number	<u>\$ 143.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	
	237 KEARING ST. #372	As of the date you file, the claim is: Check all that apply.	
	SAN FRANCISCO CA 94108 City State ZIP Code	Contingent	
		Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>□ Other. Specify Personal Loan</li> </ul>	
	Is the claim subject to offset?  No	Other, Specify Fersonial Zodi.	
A CONTRACTOR OF THE CONTRACTOR	☐ Yes		
4.18	THE RESIDENCE OF THE PROPERTY		\$ 883.73
	M M AHSAN S.C.	Last 4 digits of account number	
	Nonpriority Creditor's Name 1640 WILLOW CIRCLE DR., SUITE 100	When was the debt incurred?	
William Management	Number Street	As of the date you file, the claim is: Check all that apply.	
-	CREST HILL         IL         60403-0960           City         State         ZIP Code	☐ Contingent	
	•	☐ Unliquidated☐ Disputed	
And the control of th	Who incurred the debt? Check one.  Debtor 1 only	·	
***************************************	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Mark of the Control o	Debtor 1 and Debtor 2 only	Student loans	
- Anna Carlo	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Account Appare	☐ Check if this claim is for a community debt  Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Services	
	13 tile mann annion to miser.		

ĭ No Yes

Is the claim subject to offset?

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ebtor 1 Raul Claudio  First Name Middle Name Last Name	Case number (if known)
Flist route	ntinuation Page
After listing any entries on this page, number them beginning	
19 MERIDAN MEDICAL ASSOCIATES	Last 4 digits of account number <u>7 6 8 9</u> <u>\$ 179.75</u>
Nonpriority Creditor's Name  C/O NATIONWIDE CREDIT & COLLECTION P.O. BOX	When was the debt incurred?
Number Street OAK BROOK IL 60522	As of the date you file, the claim is: Check all that apply.
City Slate ZIP Code  Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated☐ Disputed☐
☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:
<ul> <li>☑ Debtor 1 and Debtor 2 only</li> <li>☑ At least one of the debtors and another</li> <li>☑ Check if this claim is for a community debt</li> </ul>	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>
Is the claim subject to offset? ☑ No ☑ Yes	☑ Other. Specify Medical Services
MERRICK BANK CORPORATION	Last 4 digits of account number <u>0 6 1 5</u> \$ <u>1,771.76</u>
Nonpriority Creditor's Name See Attachment 4	When was the debt incurred?
Number         Street           PITTSBURGH         PA         15219           City         State         ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated
Who incurred the debt? Check one.	☐ Disputed
☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:
<ul><li>☑ Debtor 1 and Debtor 2 only</li><li>☑ At least one of the debtors and another</li></ul>	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>
☐ Check if this claim is for a community debt	□ Debts to pension or profit-sharing plans, and other similar debts     ○ Other. Specify Credit Card Charges
Is the claim subject to offset? ☑ No	Galot. Oposity
Yes	\$ <u>2,049.00</u>
MIDLAND FUNDING, LLC Nonpriority Creditor's Name	Last 4 digits of account number
8875 AERO DR., SUITE 200	When was the debt incurred?
Number         Street           SAN DIEGO         CA         92123           City         State         ZIP Code	
Who incurred the debt? Check one.	Unliquidated Disputed
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Services
Is the claim subject to offset?  No	Other, Specify Medical Octation
☐ Yes	

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	Document	Page 30 of 67	
Debt		Case number (if kraown)	
	First Name Middle Name Last Name		
Dai	t 2: Your NONPRIORITY Unsecured Claims —Continuat	ion Page	
			Section Commence of the Commen
Afte	er listing any entries on this page, number them beginning with 4	.5, followed by 4.6, and so forth.	Total claim
4.22	MRSI	Last 4 digits of account number	\$ <u>1,519.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	
	2250 E. DEVON AVE., SUITE 352	VIIII 1120 1.10 4351 1110411041	
	Number Street DES PLAINES IL 60018	As of the date you file, the claim is: Check all that apply.	
	DES PLAINES IL 60018 City State ZIP Code	Contingent	
		Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Time of NONDRIGHTY upgested alaims	
	☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		
	⊠ No		
	☐ Yes		
			observation and the second
4.23		Last 4 digits of account number	\$ 12,510.92
	RESURGENCE CAPITAL, L.L.C. Nonpriority Creditor's Name		<u> </u>
	See Attachment 5	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	DEERFIELD IL 60015		
	City State ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other, Specify Credit Card Charges	
	⊠ No		
	Yes		
4.04			s 86.58
4.24	DICUMOND OF SEDVICES INC	Last 4 digits of account number 8 0 5 7	\$ 00.00
	RICHMOND SA SERVICES, INC. Nonpriority Creditor's Name		
	7324 SOUTHWEST FWY SUITE 1550	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	HOUSTON TX 77074 City State ZIP Code	• ,	
	City State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	·	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
5			

☑ Other Specify Medical Services

■ No Yes

Is the claim subject to offset?

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Debtor 1 Raul Claudio First Name Middle Name Last Name	Case number (if known)
Part 2: Your NONPRIORITY Unsecured Claims —C	ontinuation Page
After listing any entries on this page, number them beginni	ng with 4.5, followed by 4.6, and so forth.
4.25 SANTANDER CONSUMER USA	Last 4 digits of account number
Nonpriority Creditor's Name	When was the debt incurred?
5201 RUFE SNOW DR. Number Street	As of the date you file, the claim is: Check all that apply.
See Attachment 6 TX 76180  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?	
☑ No ☐ Yes	
4.26	Last 4 digits of account number 4 5 4 7 \$493.47
SMART SINUS AND ALLERGY Nonpriority Creditor's Name  1100 E. WOODFIELD RD., SUITE 140  Number Street SCHAUMBURG IL 60173 City State ZIP Cod  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No Yes	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services
SOUTHWEST WOMENS HEALTHCARE  Nonpriority Creditor's Name  C/O ICS COLLECTION SERVICE P.O. BOX  Number Street  TINLEY PARK IL 60477  City State ZIP Co  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?	Last 4 digits of account number 2 3 5 6  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.

🔲 Yes

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ebtor 1	Raul Claudio	Case number (if known)	
	First Name Middle Name Last Name	thu Base	
Part 2	Your NONPRIORITY Unsecured Claims —Continuate	tion rage	
After li	isting any entries on this page, number them beginning with 4	.5, followed by 4.6, and so forth.	Total claim
28 <sub>V</sub>	ISION FINANCIAL SERVICES	Last 4 digits of account number 6 8 6 7	\$ <u>2,953.00</u>
No	onpriority Creditor's Name	When was the debt incurred?	
Ni	P.O. BOX 1768  umber Street	As of the date you file, the claim is: Check all that apply.	
Ci V	APORTE IN 46352  State ZIP Code  Who incurred the debt? Check one.	<ul><li>☐ Contingent</li><li>☐ Unliquidated</li><li>☐ Disputed</li></ul>	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
[	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
ls C	s the claim subject to offset? ☑ No ☑ Yes	☑ Other. Specify Medical Services	100 M
1.29	WEBBANK	Last 4 digits of account number 9 2 5 3	\$ <u>365.30</u>
ī	Nonpriority Creditor's Name	When was the debt incurred?	
_	See Attachment 7	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>	
	SAN DIEGO CA 92108 City State ZIP Code	Contingent Unliquidated	
•	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	<ul> <li>□ At least one of the debtors and another</li> <li>□ Check if this claim is for a community debt</li> </ul>	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
	Is the claim subject to offset?	☑ Other. Specify Credit Card Charges	
	☑ No ☑ Yes		1102/2/41-2017-0-114-2017-0-124412-
4.30		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZiP Code	☐ Contingent☐ Unliquidated	
MANUFACTURE OF THE PARTY OF THE	Who incurred the debt? Check one.	Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	□ No □ Yes		

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Dρ	btor	1

1 Raul Claudio	Case number (if known)
3: List Others to Be Notified About a De	bt That You Already Listed
cample, if a collection agency is trying to collect	d about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For from you for a debt you owe to someone else, list the original creditor in Parts 1 or you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the nal persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
MACY'S	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
P.O. BOX 8218 Number Street	Part 2: Creditors with Nonpriority Unsecured Cla
	Last 4 digits of account number 2 7 5 3
MASON, OH 45040  City State ZIF	P Code
City	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	☐ Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIE	Last 4 digits of account number
CITY TO THE PROPERTY OF THE PR	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claim
Number Street	Part 2: Creditors with Nonpriority Unsecured
Name: State	Claims
City State ZI	Last 4 digits of account number
City State 2	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claim
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
City State Z	Last 4 digits of account number
City State L	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):  Part 1: Creditors with Priority Unsecured Clair
Number Street	Part 2: Creditors with Nonpriority Unsecured
Number Street	Claims
	Last 4 digits of account number
City State Z	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):  Part 1: Creditors with Priority Unsecured Clair
Number Street	Part 2: Creditors with Nonpriority Unsecured
Number Street	Claims
Class	Last 4 digits of account number
City State	On which entry in Part 1 or Part 2 did you list the original creditor?
	On which entry in Part 1 of Part 2 did you not the original statute.

☐ Part 2: Creditors with Nonpriority Unsecured

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Street

State

Name

Number

Claims

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	Document	Page 34 of 67
	Raul Claudio Irst Name Middle Name Last Name	Case number (if known)
Part 4: Ad	ld the Amounts for Each Type of Unsecured Claim	l .
6. Total the a	mounts of certain types of unsecured claims. This informa mounts for each type of unsecured claim.	nation is for statistical reporting purposes only. 28 U.S.C. §159.
		Total claim
Total claims	6a. Domestic support obligations	6a. <u>\$</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.
	<ol> <li>Other. Add all other priority unsecured claims.</li> <li>Write that amount here.</li> </ol>	6d. + <sub>\$</sub>
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. \$
		Total claim
Total claims	6f. Student loans	6f. \$0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other	6h. •0.00

+ \$58,929.01

\$58,929.01

6j.

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total. Add lines 6f through 6i.

# Attachment Debtor: Raul Claudio Case No:

Attachment 1

CHECK INTO CASH OF ILLINOIS, LLC D/B/A CHECK INTO CASH

Attachment 2

C/O ALLIANCE ONE RECEIVABLES MANAGEMENT, INC. P.O. BOX 3102

Attachment 3

C/O PORTFOLIO RECOVERY ASSOCIATES, LLC P.O. BOX 12914

Attachment 4

C/O CARSON SMITHFIELD, LLC 225 W. STATION SQUARE DR.

Attachment 5

C/O RESURGENCE LEGAL GROUP, P.C. 1161 LAKE COOK RD., SUITE E

Attachment 6

NORTH RICHLAND HILLS

Attachment 7

C/O MIDLAND CREDIT MANAGEMENT, INC. 2365 NORTHSIDE DRIVE, SUITE 300

(Spouse if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois	12/15
(Spouse If filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois  Case number	
(Spouse If filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois	neck if this is nended filing
Debtor Raul Claudio First Name Middle Name Last Name  Debtor 2 Jennifer Marie Claudio	

additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and

unexpired leases. State what the contract or lease is for Person or company with whom you have the contract or lease 2.1 Name Street Number

ZIP Code State City 2.2 Name Street Number ZIP Code State City Name Street Number State City Name Street Number ZIP Code State City 2.5 Name Number Street ZIP Code State

City

Fill in this in	formation to identify yo	our case:	
Debtor 1	Raul Claudio First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jennifer Marie Claudio	Middle Name	Last Name
United States I	Bankruptcy Court for the: No	orthern District o	f Illinois
Case number (If known)			

Check if this is an amended filing

#### Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

se number (if known).	Answer every question.		
☐ No	lebtors? (If you are filing a joint case, do not list e	either spouse as	a codebtor.)
Yes			(Community property states and territories include
<ol><li>Within the last 8 yea Arizona, California, Id</li></ol>	rs, have you lived in a community property sta daho, Louisiana, Nevada, New Mexico, Puerto Rid	co, Texas, Washi	(Community property states and territories include ington, and Wisconsin.)
No. Go to line 3.  Yes. Did your spo	ouse, former spouse, or legal equivalent live with	you at the time?	
☐ No ☐ Yes. In which	community state or territory did you live?		Fill in the name and current address of that person.
Name of your sp	ouse, former spouse, or legal equivalent		
Number	Street		
City	State	ZiP Code	
shown in line 2 aga Schedule D (Officia	of your codebtors. Do not include your spous ain as a codebtor only if that person is a guara al Form 106D), Schedule E/F (Official Form 106 chedule G to fill out Column 2.		if your spouse is filing with you. List the person r. Make sure you have listed the creditor on le G (Official Form 106G). Use Schedule D,
Column 1: Your co			Column 2: The creditor to whom you owe the debt
			Check all schedules that apply:
3.1			Schedule D, line
Name			☐ Schedule E/F, line
Number Street			☐ Schedule G, line
	State	ZIP Code	
City	Jaco		
3.2			Schedule D, line
Name			□ Schedule E/F, line
Number Street			☐ Schedule G, line
City	State	ZIP Code	
3.3			Schedule D, line
Name			☐ Schedule E/F, line
Number Stree			☐ Schedule G, line
	State	ZIP Code	
City		Ur Vour Codobto	page 1 of <u>1</u>

n this information to identify ye	our case:				
Pirst Name	(All Gales Hallis	ast Name	_		
or 2 Se, if filing)  Jennifer Marie Claudic First Name	) Middle Name Li	ast Name			
d States Bankruptcy Court for the:	Northern District of Illinois				
				Check if this	is:
number				☐ An amen	
	, , , , , , , , , , , , , , , , , , , ,			A supple chapter 1	ment showing post-petition 3 income as of the following date:
cial Form 106!				MM / DO /	YYYY
hedule I: You	r Income				12/15 2), both are equally responsible for 1, include information about your sp
lying correct information. If you are separated and your spourate sheet to this form. On the Describe Employn  Fill in your employment	top of any additional page	es, write your name	ation and c	about your spous case number (if kno	point are equally, include information about your spee. If more space is needed, attach a swn). Answer every question.  Debtor 2 or non-filing spouse
information.		Debtor 1	aireann an aigh		Debio: 5 of those was a second of the second
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☑ Not employed			<ul><li>☑ Employed</li><li>☐ Not employed</li></ul>
Include part-time, seasonal, or self-employed work.	Occupation	SUPERVISOR			LOAD PLANNER
Occupation may Include student or homemaker, if it applies.	t Employer's name	KUEHNE AND NA	GEL		ROMAR TRANSPORTATION
	Employer's address	1001 BUSSE RD.			3500 S. KEDZIE AVE.
		Number Street			Number Street
		ELK GROVE VILL	AGE	, IL 60007	CHICAGO, IL 60632
		City	State	ZIP Code	17 YEARS
	How long employed th	ere? 7 YEARS			
	How long employed th	ere? 7 YEARS			
	ut Monthly Income				The Color the engage Include Voter DOD-
Estimate monthly income as spouse unless you are separate	ut Monthly Income of the date you file this fo ed.	rm. If you have nothir			rite \$0 in the space. Include your non-i
Estimate monthly income as	ut Monthly Income of the date you file this fo ed.	rm. If you have nothir			
Estimate monthly income as spouse unless you are separate if you or your non-filing spouse below. If you need more space	of the date you file this for ed.  have more than one employ, attach a separate sheet to	rm. If you have nothing yer, combine the inforthis form.		on for all employers	or that person on the lines  For Debtor 2 or
Estimate monthly income as spouse unless you are separate	of the date you file this fo ed. have more than one emplo attach a separate sheet to salary, and commissions ( aly, calculate what the month	rm. If you have nothing yer, combine the inforthis form.	matic	For Debtor 1	For Debtor 2 or non-filing spouse

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Case number (if known) Raul Claudio Debtor 1 Middle Name For Debtor 2 or For Debtor 1 non-filing spouse \$ 4,116.67 \$ 4,124.32 Copy line 4 here ..... 5. List all payroll deductions: \$ 915.72 s 917.24 5a. 5a. Tax, Medicare, and Social Security deductions \$ 0.00 \$ 0.00 5b. 5b. Mandatory contributions for retirement plans \$ 0.00 s 123.10 5c. 5c. Voluntary contributions for retirement plans \$ 0.00 § 218.04 5d. 5d. Required repayments of retirement fund loans \$ 0.00 \$ 0.00 5e. 5e, Insurance \$\_0.00 \$ 0.00 5f. 5f. Domestic support obligations \$ 0.00 \$ 0.00 5g. 5g. Union dues \$ 515.88 5h. Other deductions. Specify: See Attachment 1 5h. s 262.38 \$ 1,431.60 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. \$ 1,520.76 6. \$ 2,685.07 \$ 2,603.56 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross \$ 0.00 receipts, ordinary and necessary business expenses, and the total \$ 0.00 8a. monthly net income. \$ 0.00 \$ 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent Include alimony, spousal support, child support, maintenance, divorce \$ 0.00 \$ 0.00 8c. settlement, and property settlement. \$ 0.00 \$\_0.00 8d. 8d. Unemployment compensation \$ 0.00 \$ 0.00 8e 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance \$ 0.00 that you receive, such as food stamps (benefits under the Supplemental \$ 0.00 Nutrition Assistance Program) or housing subsidies. 8t. Specify: \$ 0.00 \$ 0.00 8g. 8g. Pension or retirement income + \$ 0.00 + \$ 0.00 8h 8h. Other monthly income. Specify: \$ 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$ 0.00 \$ 5,288.63 s 2,685.07 10. Calculate monthly income. Add line 7 + line 9. \$ 2,603.56 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$ 0.00 11. 🛨 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 5,288.63 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ☑ No. Yes. Explain:

### **Addendum**

#### Attachment 1

Description: 401K Debtor's Amount: \$0.00 Spouse's Amount: \$342.33

Description: CHILD LIFE Debtor's Amount: \$0.50 Spouse's Amount: \$0.00

Description: DENTAL Debtor's Amount: \$15.84 Spouse's Amount: \$0.00

Description: DENTAL INS Debtor's Amount: \$0.00 Spouse's Amount: \$17.33

**Description: HEALTH INSURANCE** 

Debtor's Amount: \$0.00 Spouse's Amount: \$156.22

Description: HEALTHCARE REIMB

Debtor's Amount: \$66.66 Spouse's Amount: \$0.00

**Description: LTD** 

Debtor's Amount: \$1.66 Spouse's Amount: \$0.00

Description: MEDICAL Debtor's Amount: \$150.64 Spouse's Amount: \$0.00

Description: SPOUSAL LIFE Debtor's Amount: \$5.26 Spouse's Amount: \$0.00

Description: VISION Debtor's Amount: \$11.66 Spouse's Amount: \$0.00

Description: VOLUNTARY LIFE Debtor's Amount: \$10.16

Spouse's Amount: \$0.00

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Fill in this information to identify	our case:			
Debtor 1 Raul Claudio		Check if this	io	
First Name  Debtor 2 Jennifer Marie Claudi	Middle Name Last Name			
(Spouse, if filing) First Name	Middle Name Last Name	—— ☐ An amen	aea niing nent showing post-p	etition chapter 13
United States Bankruptcy Court for the:	Northern District of Illinois		as of the following	
Case number (If known)		MM / DD /	YYYY	
Official Form 106J		-		
Schedule J: You	ır Expenses			12/15
	ssible. If two married people are filin d, attach another sheet to this form.			
Part 1: Describe Your Hou	usehold			
1. Is this a joint case?				
☐ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a	separate household?			
☑ No ☐ Yes. Debtor 2 must fi	le Official Forms 106J-2, Expenses for	Separate Household of Debtor 2.		
2. Do you have dependents?	☐ No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.		DAUGHTER	<u>6</u>	☐ No ☑ Yes
		DAUGHTER	<u>1</u>	□ No
				☑ Yes □ No
				Yes
•				☐ No
:			·	☐ Yes
• •			<del></del>	☐ No ☐ Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes	AN 30- A 2/11-		
	AMAZADI MARI UZARAN MARI PARPE			LUAN AND THE STATE OF THE STATE
Estimate your expenses as of you	ing Monthly Expenses r bankruptcy filing date unless you a nkruptcy is filed. If this is a supplem			
Include expenses paid for with no	n-cash government assistance if you d it on <i>Schedule I: Your Income</i> (Offi		Your expe	nses
The rental or home ownership any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	\$ <u>920.00</u>	
If not included in line 4:				
4a. Real estate taxes			4a. \$ <u>0.00</u>	
4b. Property, homeowner's, or	renter's insurance		4b. \$ <u>0.00</u>	
4c. Home maintenance, repair,	and upkeep expenses		4c. \$ <u>100.00</u>	
4d. Homeowner's association of	or condominium dues		4d. \$ <u>0.00</u>	

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Case number (if known)\_ Raul Claudio Debtor 1 Middle Name Your expenses \$\_0.00 5. Additional mortgage payments for your residence, such as home equity loans \$ 150.00 6a. Electricity, heat, natural gas 6a. \$<u>150.00</u> 6ħ Water, sewer, garbage collection \$ 0.00 6c. Telephone, cell phone, Internet, satellite, and cable services \$ 593.00 6d. Other. Specify: See Attachment 1 \$ 800.00 7. Food and housekeeping supplies \$ 0.00 8. Childcare and children's education costs \$ 150.00 9. Clothing, laundry, and dry cleaning s 150.00 10. Personal care products and services 10. \$ 100.00 11. Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. \$ 450.00 12. Do not include car payments. \$ 40.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$ 32.00 15a. 15a. Life insurance \$ 0.00 15b. 15b. Health insurance \$ 150.00 15c. 15c. Vehicle insurance \$ 0.00 15d 15d. Other insurance. Specify:\_ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 16. Specify: \_ Installment or lease payments: \$ 296.00 17a. Car payments for Vehicle 1 \$ 330.00 17b 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). \$ 0.00 Other payments you make to support others who do not live with you. \$ 0.00 Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. \$ 0.00 20a 20a. Mortgages on other property \$ 0.00 20b. 20b. Real estate taxes \$ 0.00 20c 20c. Property, homeowner's, or renter's insurance \$\_0.00 20d 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e 20e. Homeowner's association or condominium dues

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Deb	tor 1	Raul Claudio Case number (if kino) First Name Middle Name Last Name	vn)	
21.	Othe	. Specify: SPECIAL ASSESSMENT ON HOUSE	21.	+\$_34.00
<b>[22.</b>	22a. 22b.	late your monthly expenses.  Add lines 4 through 21.  Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  Add line 22a and 22b. The result is your monthly expenses.	22.	\$ 4,445.00 \$ \$ 4,445.00
23.	Calcu	ate your monthly net income.		
:	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$ <u>5,288.63</u>
	23b.	Copy your monthly expenses from line 22 above.	23b.	<b>-</b> \$ 4,445.00
:	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$ 843.63
24.	Do yo	uexpect an increase or decrease in your expenses within the year after you file this form?		
		ample, do you expect to finish paying for your car loan within the year or do you expect your ge payment to increase or decrease because of a modification to the terms of your mortgage?		
:	☐ No		andre for destruct behaviour as based	, mpp) waterfelten it with the confliction and makes the makes the makes the confliction of the first of the first of the confliction of the first of the first of the confliction of the first of the f
:	☐ Ye	Explain here:		

# Attachment Debtor: Raul Claudio Case No:

#### Attachment 1

Description: CABLE Amount: \$200.00 Description: PHONES Amount: \$220.00 Description: NICOR Amount: \$100.00 Description: INTERNET

Amount: \$73.00

	Raul		Claudio
Debtor 1	First Name	Middle Name	Last Name
	Jennifer	Marie	Claudio
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Łast Name
United State	s Bankruptcy Court fo	rthe: Northern Distric	t of Illinois

☐ Check if this is an amended filing

12/15

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$ 0.00
	40.040.04
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>18,218.04</u>
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>18,218.04</u>
nt 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 24,645.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ <u>58,929.01</u>
Your total liabilities	\$ <u>83,574.01</u>
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$ <u>5,288.63</u>
s. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J	4 445 00

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	. Paul	Claudio Cas	e number (if known)
Debi	or 1 Raul First Name Middle Name Last Name		
	tt 4: Answer These Questions for Admini	istrative and Statistical Records	
Pa	t 4: Answer These Questions for Admini		
_	Are you filing for bankruptcy under Chapters 7,	11, or 13?	•
6.	Are you filling for bankinghey under oneproise;	A Full Halle Fee	to the court with your other schedules.
	☐ No. You have nothing to report on this part of the	e form. Check this box and submit this to	offit to the court with your other osmouses.
	X Yes		
accessore et a			Manual (19-64) Albania (19-64) Albania (19-64) Albania (19-64) Albania (19-64) Albania (19-64) Albania (19-64)
7.	What kind of debt do you have?		
		oncumer debts are those "incurred by an	individual primarily for a personal,
	Your debts are primarily consumer debts. Confamily, or household purpose." 11 U.S.C. § 101	(8). Fill out lines 8-10 for statistical purpo	ses. 28 U.S.C. § 159.
	ramily, or riduserious purpose. The second second	(-y	t of the form. Check this hox and submit
	☐ Your debts are not primarily consumer debt	s. You have nothing to report on this part	LOTHIC TOTHI. Officer, time son and some
	this form to the court with your other schedules.	•	
a.brogravi bil Sic			and the second of the second and the second of the second
	From the Statement of Your Current Monthly Inc.	come: Copy your total current monthly in	ncome from Official
8.	Form 122A-1 Line 11; OR, Form 122B Line 11; OR	R, Form 122C-1 Line 14.	\$
	• • • • • • • • • • • • • • • • • • • •		
9	Copy the following special categories of claims	from Part 4, line 6 of Schedule E/F:	
.			
			Total claim
***************************************	From Part 4 on Schedule E/F, copy the follow	rina:	
	From Part 4 on Schedule E/F, copy the follow	9.	
	9a. Domestic support obligations (Copy line 6a.)		\$
-			
	9b. Taxes and certain other debts you owe the go	vernment. (Copy line 6b.)	\$
***************************************			
***************************************	9c. Claims for death or personal injury while you v	vere intoxicated. (Copy line 6c.)	\$
and the same	Ou. Oldino for assert at parameter y		T
***************************************	(0.5 % 05)		
	9d. Student loans. (Copy line 6f.)		\$
	9e. Obligations arising out of a separation agreen	pent or divorce that you did not report as	
was the control of th	9e. Obligations arising out of a separation agreen priority claims. (Copy line 6g.)	ment of disorde that you are not report to	\$
***************************************	•		
	9f. Debts to pension or profit-sharing plans, and	other similar debts. (Copy line 6h.)	+ \$
	Oil Dobio to position to promise of		
			\$
	9g. <b>Total.</b> Add lines 9a through 9f.		

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Fill in this in	formation to identify you	ır case:		
Debtor 1	Raul Claudio First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	Jennifer Marie Claudio	Middle Name	Last Name	
United States	Bankruptcy Court for the:	North	nern District Of Illinois	
Case number (if known)				

☐ Check if this is an amended filing

### Official Form 106Dec

# Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an atto	rney to help you fill out bankruptcy forms?
☑ No ☐ Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the st that they are true and correct.	ummary and schedules filed with this declaration and
Signature of Debtor 1	s/Jennifer Marie Claudio  Signature of Debtor 2
Date 09/26/2016 MM / DD / YYYY	Date 09/26/2016 MM / DD / YYYY

Declaration About an Individual Debtor's Schedules

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Fill in this i	information to identify	your case:	
Debtor 1 Debtor 2	Raul First Name Jennifer	Middle Name Marie	Claudio Last Name Claudio Last Name
(Spouse, if filir United State	ng) First Name as Bankruptcy Court for the:	Northern District of Illinois	
Case numbe (If known)	ЭГ		

#### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Give Details About Your Marital Statu	s and Where Yo	u Lived Betore	
What is your current marital status?			
☑ Married ☐ Not married			
During the last 3 years, have you lived anywhere of	ther than where yo	u live now?	
<ul><li>☒ No</li><li>☐ Yes. List all of the places you lived in the last 3 ye</li></ul>			
Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		Same as Debtor 1	Same as Debtor 1
Number Street	From	Number Street	From
City State ZIP Code	.,	City State ZIP Code	**************************************
		☐ Same as Debtor 1	Same as Debtor 1
	From		From
Number Street	То	Number Street	То
City State ZIP Code		City State ZIP Code	
Ony	Jisiana, Nevaua, Ne	W MIGNISS, I dollo (1885) ( State)	Community property stat onsin.)

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tor 1 Raul Claudio		Case num	IDG: (ii kitolini)	
First Name Middle Name Last N	fame			
art 2: Explain the Sources of Your Inc	ome			
Did you have any income from employment	or from operating a bus	iness during this year	or the two previous calend	lar years?
Till in the total amount of income you received	from all lobs and all busir	esses, including pare in	e activities.	
If you are filing a joint case and you have inco	me mat you receive toget	es, nach omy once and		
☐ No ☑ Yes, Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of Income	Gross Income	Sources of Income	Gross income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	☐ Wages, commissions,	•	Wages, commissions,	\$ 0.00
From January 1 of current year until the date you filed for bankruptcy:	bonuses, tips	\$_0.00	bonuses, tips  Operating a business	<u> </u>
Company of the State of the Sta	☐ Operating a business	N 3000 00 0 0 000 000 000 000 000 000 00		en en 2 ganger van en 2 ganger van de 19 ganger van 20
For last calendar year:	Wages, commissions, bonuses, tips	\$ 40,117.38	Wages, commissions, bonuses, tips	\$ <u>42,425.78</u>
(January 1 to December 31, 2015	)   Operating a business	*	Operating a business	
		er anderse er	X Wages, commissions,	2
	Wages, commissions,     Wages, commissions,	\$ 42,784.00	bonuses, tips	\$ 48,566.40
For the calendar year before that:	bonuses, tips	5 42,704.00		
(January 1 to December 31, 2014  YYYY  5. Did you receive any other income during to include income regardless of whether that in	Operating a business this year or the two previous is taxable. Example:	ous calendar years? s of <i>other income</i> are alii iyidends; money collecte	a liniti tampanto, rojamos, e	Security, unemployment nd gambling and lottery
(January 1 to December 31, 2014  YYYY  5. Did you receive any other income during to	Operating a business this year or the two previous is taxable. Example: rental income; interest; du have income that you re	ous calendar years? s of other income are alii ividends; money collecte ceived together, list it on	mony; child support; Social of d from lawsuits; royalties; a dy once under Debtor 1.	Security, unemployment nd gambling and lottery
(January 1 to December 31, 2014  YYYY  5. Did you receive any other income during to include income regardless of whether that in and other public benefit payments; pensions winnings. If you are filing a joint case and you list each source and the gross income from	Operating a business this year or the two previous is taxable. Example: rental income; interest; du have income that you re	ous calendar years? s of other income are alii ividends; money collecte ceived together, list it on	mony; child support; Social of d from lawsuits; royalties; a dy once under Debtor 1.	Security, unemployment nd gambling and lottery
(January 1 to December 31, 2014  YYYY  5. Did you receive any other income during to include income regardless of whether that in and other public benefit payments; pensions winnings. If you are filing a joint case and you list each source and the gross income from	Operating a business this year or the two previous is taxable. Example: rental income; interest; du have income that you re each source separately.	ous calendar years? s of other income are alii ividends; money collecte ceived together, list it on	mony; child support; Social id from lawsuits; royalties; a lay once under Debtor 1.  at you listed in line 4.  Debtor 2.  Sources of Income Describe below.	Gross income from each source
(January 1 to December 31, 2014 YYYY)  5. Did you receive any other income during to include income regardless of whether that in and other public benefit payments; pensions winnings. If you are filling a joint case and you List each source and the gross income from   No Yes. Fill in the details.	chis year or the two previous is the syear or the two previous is taxable. Examples rental income; interest; du have income that you re each source separately. Debtor 1  Sources of income Describe below.	ous calendar years? s of other income are alinividends; money collected ceived together, list it on not include income the Gross income from each source (before deductions and	mony; child support; Social id from lawsuits; royalties; a lay once under Debtor 1.  at you listed in line 4.  Debtor 2.  Sources of Income Describe below.	Gross income from each source (before deductions and
(January 1 to December 31, 2014  YYYY  5. Did you receive any other income during to include income regardless of whether that in and other public benefit payments; pensions winnings. If you are filing a joint case and you list each source and the gross income from	chis year or the two previous is the syear or the two previous is taxable. Examples rental income; interest; du have income that you re each source separately. Debtor 1  Sources of income Describe below.	ous calendar years? s of other income are alinividends; money collected ceived together, list it on not include income the Gross income from each source (before deductions and	mony; child support; Social id from lawsuits; royalties; a lay once under Debtor 1.  at you listed in line 4.  Debtor 2.  Sources of Income Describe below.	Gross Income from each source (before deductions and
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(January 1 to December 31, 2014 YYYY)  5. Did you receive any other income during to Include income regardless of whether that in and other public benefit payments; pensions winnings. If you are filing a joint case and you have a source and the gross income from No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, YYYY)	chis year or the two previous is the syear or the two previous is taxable. Examples rental income; interest; du have income that you re each source separately. Debtor 1  Sources of income Describe below.	ous calendar years? s of other income are alinividends; money collected ceived together, list it on not include income the Gross income from each source (before deductions and	mony; child support; Social id from lawsuits; royalties; a lay once under Debtor 1.  at you listed in line 4.  Debtor 2.  Sources of Income Describe below.	Gross Income from each source (before deductions and

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1	First Name	Claudio Middle Name	Last Name		0203110	mber (if known)	
3:	List C	ertain Payments Yo	ou Made Befo	ore You Filed 1	or Bankruptcy		
			ahta primarily	consumer debts	s?		
e eiti -	her Deb	tor 1's or Debtor 2's d	epts printality	La consumer del	ote: Consumer debts are	e defined in 11 U.S.C. § 101	(8) as
No.	"incur	rod by an individual prim	narily for a perso	onat, family, or re	naseriola parposo.		
	During	the 90 days before you	u filed for bankr	uptcy, did you pa	y any creditor a total of	\$6,425* or more?	
	□ N	o. Go to line 7.					
		total amount you pai	id that creditor. I	not include payn	nents to an attorney for t	or more payments and the apport obligations, such as his bankruptcy case.	
	* Sub	ject to adjustment on 4/	01/19 and every	y 3 years after th	at for cases filed on or a	fter the date of adjustment.	
⊠ Ye	es. Debt	or 1 or Debtor 2 or bot	h have primari	ly consumer de	bts.		
0	Durin	g the 90 days before yo	u filed for bankr	ruptcy, did you pa	ay any creditor a total of	\$600 or more?	
	⊠ N	lo. Go to line 7.					
		es. List below each cred	udo noviments ti	or domestic subt	\$600 or more and the to oort obligations, such as ey for this bankruptcy ca	otal amount you paid that child support and see.	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
					\$	\$	☐ Mortgage
		Creditor's Name					☐ Car
							Credit card
		Number Street					Loan repayment
							Suppliers or vendo
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		and the first and the second section of the first and the first and the section of the section o		and M. A.S. Espera and S. C. S.	e	\$	_
		Creditor's Name			<u> </u>		Car
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		Creditor's Name			<u> </u>		Car
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							Other

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1	Raul Claudio			Case number (# known)_	
	First Name Middle Name Last Name				
Inside corpo agent	n 1 year before you filed for bankruptcy, did yours include your relatives; any general partners; reprations of which you are an officer, director, person, including one for a business you operate as a so as child support and alimony.	elatives of any g on in control, or	general partners; pa owner of 20% or n	artnerships of which nore of their voting s	you are a general partner; securities; and any managing
×Ν	io				
☐ Y	es. List all payments to an insider.				
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name		\$	_ \$	
	Number Street				
	City State ZIP Code		,		- MANUFACTOR - MAN
****				•	
	Insider's Name		\$	_ \$	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Number Street				
	City State ZIP Code				
an in Inclu	in 1 year before you filed for bankruptcy, did yonsider? de payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider.		ayments or trans	fer any property on	account of a debt that benefited
	od. Liot dii payina ilo diat Lata	Dates of	Total amount	Amount you still	Reason for this payment
		payment	paid	owe	Include creditor's name
			\$	\$	
	Insider's Name		*	<del>-</del>	
	Number Street				
_	City State ZIP Code		o produce de la company	. 44. 45. <del>14. 14. 14. 14. 14. 14. 14. 14. 14. 14. </del>	
		,	\$	\$	
	Insider's Name	·	Ψ,	¥	
	Number Street	<b>,</b>			
		:			
	City State ZIP Code	•			

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ustody modifications
Status of the case
☐ Pending
On appeal
☐ Concluded
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open service Property of Comments Property of Comments
Pending
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	D-vd Cloudio	Case number (if kind	own)
}	Raul Claudio First Name Middle Name Last Name	e	
		y, dìd any creditor, including a bank or financial insti	tution, set off any amounts from your
/ithin !	90 days before you filed for bankruptcy nts or refuse to make a payment becau	se you owed a debt?	
	its or refuse to make a payment becau		
No No	s. Fill in the details.		
J Yes	s. Fill in the details.	u u sai-matho oroditor took	Date action Amount
		Describe the action the creditor took	was taken
Crec	ditor's Name		
Olec	uno, o riama		\$
Nun	nber Street		
**	· ·		
	State ZIP Code	Last 4 digits of account number: XXXX	
City	,		
	the fare you filed for hankruntes	y, was any of your property in the possession of an a	ssignee for the benefit of
Withir credit	n 1 year before you filed for ballki upto, tors, a court-appointed receiver, a cust	todian, or another official?	
⊠ No			
i Nα □ Ye			
rt 5:	List Certain Gifts and Contribut	tions	
		cy, did you give any gifts with a total value of more t	han \$600 per person?
	n 2 years before you filed for bankrupt	cv. did you give any gifts with a total value of more t	
Withi	II & yours points you	3, 4,	
X N	ło		
X N			
⊠ N □ Y	lo 'es. Fill in the details for each gift.	Describe the gifts	Dates you gave Value
⊠ N □ Y	ło		
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Ø N □ Y	lo  /es. Fill in the details for each gift.  Gifts with a total value of more than \$600  per person		Dates you gave Value
Ø N □ Y	lo  /es. Fill in the details for each gift.  Gifts with a total value of more than \$600		Dates you gave Value
☑ N □ Y	Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you gave Value
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N     Y     F     F     C     C     C	Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you	Describe the gifts	Dates you gave Value
N     Y     F     F     C     C     C	Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code	Describe the gifts	Dates you gave the gifts  \$\$  \$\$  Dates you gave Value
N     Y     F     F     G     G	City State ZIP Code  Gifts with a total value of more than \$600  Person to Whom You Gave the Gift  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts  \$\$  \$\$  Dates you gave Value
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X N  F  F  F	City State ZIP Code  Gifts with a total value of more than \$600  Person to Whom You Gave the Gift  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts  S  Dates you gave the gifts  Dates you gave the gifts
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N     Y     F	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  S  Dates you gave the gifts  Dates you gave the gifts  \$
N N Y	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  S  Dates you gave the gifts  Dates you gave the gifts  \$
N N Y	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts  Describe the gifts	Dates you gave the gifts  S  Dates you gave the gifts  Dates you gave the gifts  \$

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in 2 years before you filed for bankruptcy, did you give any gifts or contribution.  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State ZIP Code  State Certain Losses  Sthin 1 year before you filed for bankruptcy or since you filed for bankruptcy gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for include the amount that insurance has claims on line 33 of Schedule A/B: Pro-	Date you contributed \$
Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State ZIP Code  City State ZIP Code  City State Sireet or since you filed for bankruptcy gambling?  No Yes. Fill in the details.  Describe any insurance coverage for the loss occurred	Date you contributed  \$
Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State ZIP Code  City State ZIP Code  City State Sireet or since you filed for bankruptcy gambling?  No Yes. Fill in the details.  Describe any insurance coverage for the loss occurred	Date you contributed \$
Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State ZIP Code  State Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss occurred	contributed  \$
Charity's Name  Number Street  City State ZIP Code  State Certain Losses  Sthin 1 year before you filed for bankruptcy or since you filed for bankruptcy gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred the loss occurred to the loss o	contributed  \$
Charity's Name  Number Street  City State ZIP Code  6: List Certain Losses  Sthin 1 year before you filed for bankruptcy or since you filed for bankruptcy gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred the loss occurred to the loss	or the loss Date of your loss Value of property lost
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ithin 1 year before you filed for bankruptcy or since you filed for bankruptcy gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred the loss occurred.	or the loss Date of your loss Value of property lost
gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred the loss occurred to the loss occurre	or the loss Date of your loss Value of property lost
	<u> </u>
76 List Certain Payments or Transfers	
that it describes to you filed for bankruptcy, did you or anyone else acting of	on your behalf pay or transfer any property to anyone you
vithin 1 year belofe you mee for pattern 1 year belof by the consulted about seeking bankruptcy or preparing a bankruptcy petition? include any attorneys, bankruptcy petition preparers, or credit counseling agencies	es for services required in your bankruptcy.
nclude any attorneys, bankruptcy petition preparers, or credit counseling agencies	
No	
Yes. Fill in the details. Description and value of any properties.	erty transferred Date payment or Amount of paymen
Malmouist and Geiger	transfer was made
Person Who Was Paid	09/26/16 \$310.00
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City State ZIP Code	and decided to
Email or website address	

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Number Street    S		Des
Number Street  Www.debtorcc.org Erral or website address Person Who Made the Payment, if Not You  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyoromised to help you deal with your creditors or to make payments to your creditors? on to include any payment or transfer that you listed on line 16.  No Yes. Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Thumber Street  S		ebtorcc, Inc.
Same	<u>09/23/16</u> \$ <u>15.00</u>	√ho Was Paid
Same		Street
Www.debtorcc.org Email or website address  Person Who Made the Payment, if Not You  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyoromised to help you deal with your creditors or to make payments to your creditors?  In not include any payment or transfer that you listed on line 16.  Description and value of any property transferred  Person Who Was Paid  Number Street  Date payment or transfer was made  Person Who Was Paid  Nothin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than protransferred in the ordinary course of your business or financial affairs?  City State ZiP Code  Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than protransferred in the ordinary course of your business or financial affairs?  Colude both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property) on not include gifts and transfers that you have already listed on this statement.  No Person Who Received Transfer	<u> </u>	Oneel
Www.debtorcc.org Email or website address  Person Who Made the Payment, if Not You  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyoromised to help you deal with your creditors or to make payments to your creditors?  In not include any payment or transfer that you listed on line 16.  Description and value of any property transferred  Person Who Was Paid  Number Street  Date payment or transfer was made  Person Who Was Paid  Nothin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than protransferred in the ordinary course of your business or financial affairs?  City State ZiP Code  Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than protransferred in the ordinary course of your business or financial affairs?  Colude both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property) on not include gifts and transfers that you have already listed on this statement.  No Person Who Received Transfer		
Www.debtorcc.org Email or website address  Person Who Made the Payment, if Not You  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyoromised to help you deal with your creditors or to make payments to your creditors?  In not include any payment or transfer that you listed on line 16.  Description and value of any property transferred  Person Who Was Paid  Number Street  Date payment or transfer was made  Person Who Was Paid  Nothin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than protransferred in the ordinary course of your business or financial affairs?  City State ZiP Code  Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than protransferred in the ordinary course of your business or financial affairs?  Colude both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property) on not include gifts and transfers that you have already listed on this statement.  No Person Who Received Transfer		
Person Who Made the Payment, if Not You  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyonomised to help you deal with your creditors or to make payments to your creditors?  To not include any payment or transfer that you listed on line 16.  No  Yes. Fill in the details.  Description and value of any property transferred  Person Who Was Paid  Number Street  Nithin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than pro transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property) on not include gifts and transfers that you have already listed on this statement.  Description and value of property  The Street		State ZIP Code
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lithin 10 years before you filed for bankru	eter did you transfor any property	to a self-settled to	rust or similar device of wh	ich you
lithin 10 years before you filed for bankrul re a beneficiary? (These are often called as	sset-protection devices.)			
No				
Yes. Fill in the details.				
	Description and value of the propert	y transferred		Date transfer was made
Name of trust	_			
			And the second s	
		And the second s	and the construction of th	The second state of the se
t 8: List Certain Financial Account	s, Instruments, Safe Deposit B	oxes, and Stor	age Units	
t 8: List Certain Financial Account Within 1 year before you filed for bankrup	to word any financial accounts or	instruments held	i in your name, or for your	benefit,
Nithin 1 year before you filed for banking	icy, were any minimum.			_
closed, sold, moved, or transferred? Include checking, savings, money market	or other financial accounts; certif	icates of deposit	; shares in banks, credit un	ions,
Include checking, savings, money market brokerage houses, pension funds, coope	ratives, associations, and other fin	ancial institutions	s.	
☑ No ☑ Yes. Fill in the details.				
	Last 4 digits of account number	Type of account instrument	or Date account was closed, sold, moved,	Last balance before closing or transfer
		Instruitent	or transferred	
	_			\$
Name of Financial Institution		Checking		\$
Name of Financial Institution  Number Street		Savings		\$
		Savings Money mark	<del></del> et	\$
Number Street		Savings  Money mark		\$
	- -	Savings  Money mark	et	\$
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Number Street  City State ZIP Code	- -	Savings  Money mark		\$
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	it ar place other than your home within 1	year before you filed for paliki upicy:	
	it or place other than your home within 1	•	
No Yes. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you still have it?
			☐ No ☐ Yes
Name of Storage Facility	Name		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code	and the second s		
Identify Bronosty Vost Ho	ld or Control for Someone Else		
19: Identify Property You Ho		arty you harrowed from are storing for	,
o you hold or control any property the	at someone else owns? Include any prop	erty you borrowed from, and exercise	,
or hold in trust for someone.			
ĭ No			
Yes. Fill in the details.		Barrier the supposite	Value
	Where is the property?	Describe the property	
			Mark Profession
			\$
Owner's Name			
	Number Street		C. Marian
Number Street			
			1
		<u> </u>	
	City State ZIP (	Code	
City State ZIP Co	City	Code	
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o you notified any governmental u	unit of any release of hazardous m	aterial?	
No Yes, Fill in the details.		15 15 14	Date of notice
Tes. t in in the details	Governmental unit	Environmental law, if you know it	
	Governmental unit		
Name of site	GOVERNMENT	A STATE OF THE PARTY OF THE PAR	
Number Street	Number Street		
		2-4-	
	City State ZIP C	Cone	
	Code		- 5
* domestic constitution of the constitution of	The state of the s	der any environmental law? Include settlemen	ts and orders.
ive you been a party in any judicia	or administrative proceeding und	der day on the same	
No			
Yes. Fill in the details.		Nature of the case	Status of the case
	Court or agency		
Case title			Pending
<u> </u>	Court Name		On appeal
			Conclude
			į.
	Number Street		
		zip Code	
Case number		g ZIP Code	
	City State	to Any Business	
t 11: Give Details About Yo	City State	to Any Business	o any business?
t 11: Give Details About Yo	City State	to Any Business	o any business?
Give Details About You	Dur Business or Connections to bankruptcy, did you own a busine procession, or to be selected in a trade, profession, or to be selected.	to Any Business uss or have any of the following connections to other activity, either full-time or part-time	o any business?
Within 4 years before you filed for  A sole proprietor or self-ent  A member of a limited liabi	City State	to Any Business uss or have any of the following connections to other activity, either full-time or part-time	o any business?
Within 4 years before you filed for  A sole proprietor or self-em  A member of a limited liabi  A partner in a partnership  An officer, director, or man	City State  Dur Business or Connections to  bankruptcy, did you own a busine inployed in a trade, profession, or continuity company (LLC) or limited liabily	to Any Business ess or have any of the following connections to other activity, either full-time or part-time lity partnership (LLP)	any business?
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	Middle Name Last	Name	case number (#known)
		Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
Business Name			EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
			From To
City	State ZIP Code		110111 10
	fore you filed for bankrup tors, or other parties.	otcy, did you give a financial statement to	anyone about your business? Include all financial
No Yes. Fill in the			
		Date issued	
Name		MM / DD / YYYY	
Number Street	:		
		-	
City	State ZIP Code	-	
12: Sign Be	łow		
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# Attachment Debtor: Raul Claudio Case No:

Attachment 1

AND AUDIT V. RAUL AND JENNIFER CLAUDIO

Attachment 2

C/O BLATT HASENMILLER LEIBSKER AND MOORE

Attachment 2

7/22/15-12/31/15

Attachment 3 Additional Property Repossessed, Foreclosed, Garnished, Etc. Property Description: 2007 FORD EDGE

4. 27 September 2016

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS

In r	n re Raul Claudio and Jennifer Marie Claudio	
	Total Character	Case No.
Deb	Debtor	Chapter 13
	DISCLOSURE OF COMPENSATION O	F ATTORNEY FOR DEBTOR
1.	<ol> <li>Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) named debtor(s) and that compensation paid to me within a bankruptcy, or agreed to be paid to me, for services render contemplation of or in connection with the bankruptcy case.</li> </ol>	ed or to be rendered on behalf of the debtor(s) in
	For legal services, I have agreed to accept	\$ <u>4,000.00</u>
	Prior to the filing of this statement I have received	
	Balance Due	
2.	2. The source of the compensation paid to me was:	
	Debtor Other (specify)	
3.	3. The source of compensation to be paid to me is:	
	Debtor Other (specify)	
4.	4. X I have not agreed to share the above-disclosed comembers and associates of my law firm.	mpensation with any other person unless they are
	I have agreed to share the above-disclosed comp members or associates of my law firm. A copy of the people sharing in the compensation, is attached.	ensation with a other person or persons who are not agreement, together with a list of the names of the
5.	5. In return for the above-disclosed fee, I have agreed to ren case, including:	
	<ul> <li>Analysis of the debtor's financial situation, and rend file a petition in bankruptcy;</li> </ul>	
	b. Preparation and filing of any petition, schedules, sta-	ements of affairs and plan which may be required;
	<ul> <li>Representation of the debtor at the meeting of credit hearings thereof;</li> </ul>	ors and confirmation hearing, and any adjourned

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B2030 (Form 2030	J) (1	. 21	13)
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- d. Representation of the debter-in-adversary proceedings and other contested banks uptoy-matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 26, 2016

s/James M. Durkee

Date

Signature of Attorney

Malmquist and Geiger, LLC

Name of law firm

AARON'S 1418 W. JEFFERSON ST. JOLIET, IL 60435

CAB SERVICES, INC. 90 BARNEY DR. JOLIET, IL 60435

CAPITAL ONE AUTO FINANCE C/O UNITED RECOVERY SYSTEMS, L.P. P.O. BOX 722929 HOUSTON, TX 77272

CAPITAL ONE BANK P.O. BOX 30281 SALT LAKE CITY, UT 84130

CAPITAL ONE SERVICES, LLC P.O. BOX 70886 CHARLOTTE, NC 28272

CHASE CARD P.O. BOX 15298 WILMINGTON, DE 19850

CHECK INTO CASH OF ILLINOIS, LLC D/B/A C 2157 W. JEFFERSON ST. JOLIET, IL 60435

CREDIT FIRST N.A.
C/O ALLIANCE ONE RECEIVABLES MANAGEMENT,
P.O. BOX 3102
SOUTHEASTERN, PA 19398-3102

CREDIT ONE BANK C/O LVNV FUNDING LLC P.O. BOX 10497 GREENVILLE, SC 29603 CREDITORS COLLECTION BUREAU 755 ALMAR PARKWAY BOURBONNAIS, IL 60914

CREDITORS DISCOUNT AND AUDIT 415 E. MAIN ST. STREATOR, IL 61364

DEPARTMENT STORE NATIONAL BANK C/O UNITED RECOVERY SYSTEMS, L.P. P.O. BOX 722910 HOUSTON, TX 77272-2910

ESCALLATE 5200 STONEHAM RD. NORTH CANTON, OH 44720

FORTIVA/ATLANTICUS P.O. BOX 105555 ATLANTA, GA 30348

Gary Frangello P.O. BOX 380901 BLOOMINGTON, MN 55438

HSBC BANK NEVADA, N.A. C/O PORTFOLIO RECOVERY ASSOCIATES, LLC P.O. BOX 12914 NORFOLK, VA 23541

JH PORTFOLIO DEBT EQUITIES 5757 PHANTOM DR., SUITE 225 HAZELWOOD, MO 63042

LEND UP 237 KEARING ST. #372 SAN FRANCISCO, CA 94108 M M AHSAN S.C. 1640 WILLOW CIRCLE DR., SUITE 100 CREST HILL, IL 60403-0960

MACY'S P.O. BOX 8218 MASON, OH 45040

MERIDAN MEDICAL ASSOCIATES C/O NATIONWIDE CREDIT & COLLECTION P.O. BOX 3159 OAK BROOK, IL 60522

MERRICK BANK CORPORATION C/O CARSON SMITHFIELD, LLC 225 W. STATION SQUARE DR. PITTSBURGH, PA 15219

MIDLAND FUNDING, LLC 8875 AERO DR., SUITE 200 SAN DIEGO, CA 92123

MRSI 2250 E. DEVON AVE., SUITE 352 DES PLAINES, IL 60018

RESURGENCE CAPITAL, L.L.C. C/O RESURGENCE LEGAL GROUP, P.C. 1161 LAKE COOK RD., SUITE E DEERFIELD, IL 60015

RICHMOND SA SERVICES, INC. 7324 SOUTHWEST FWY SUITE 1550 HOUSTON, TX 77074

SANTANDER CONSUMER USA 5201 RUFE SNOW DR. NORTH RICHLAND HILLS, TX 76180 SMART SINUS AND ALLERGY 1100 E. WOODFIELD RD., SUITE 140 SCHAUMBURG, IL 60173

SOUTHWEST WOMENS HEALTHCARE C/O ICS COLLECTION SERVICE P.O. BOX 1010 TINLEY PARK, IL 60477

VISION FINANCIAL SERVICES P.O. BOX 1768 LAPORTE, IN 46352

WEBBANK C/O MIDLAND CREDIT MANAGEMENT, INC. 2365 NORTHSIDE DRIVE, SUITE 300 SAN DIEGO, CA 92108

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:		Bankruptcy Case Number:
R	aul Claudio and Jennifer Marie Cl	laudio
	VERIFICA	TION OF CREDITOR MATRIX
		Number of Creditors:
knowledg	ge.	s/Raul Claudio
Dated:	September 26, 2016	Debtor
		s/Jennifer Marie Claudio
		Joint Debtor